

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$7,593,483	\$2,168,500	(\$5,424,983)	-71%
2	Short Term Investments	\$8,299,896	\$8,537,281	\$237,385	3%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$10,144,136	\$11,823,463	\$1,679,327	17%
4	Current Assets Whose Use is Limited for Current Liabilities	\$233,000	\$431,679	\$198,679	85%
5	Due From Affiliates	\$866,831	\$2,656,511	\$1,789,680	206%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,031,106	\$2,339,159	\$308,053	15%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$75,452	\$812,220	\$736,768	976%
	Total Current Assets	\$29,243,904	\$28,768,813	(\$475,091)	-2%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,905,024	\$3,774,294	(\$130,730)	-3%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$1,292,303	\$1,292,238	(\$65)	0%
4	Other Noncurrent Assets Whose Use is Limited	\$3,521,096	\$4,643,471	\$1,122,375	32%
	Total Noncurrent Assets Whose Use is Limited:	\$8,718,423	\$9,710,003	\$991,580	11%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$9,575,149	\$11,533,794	\$1,958,645	20%
7	Other Noncurrent Assets	\$696,283	\$618,684	(\$77,599)	-11%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$84,396,414	\$98,357,863	\$13,961,449	17%
2	Less: Accumulated Depreciation	\$59,922,177	\$64,431,275	\$4,509,098	8%
	Property, Plant and Equipment, Net	\$24,474,237	\$33,926,588	\$9,452,351	39%
3	Construction in Progress	\$7,373,183	\$2,510,153	(\$4,863,030)	-66%
	Total Net Fixed Assets	\$31,847,420	\$36,436,741	\$4,589,321	14%
	Total Assets	\$80,081,179	\$87,068,035	\$6,986,856	9%

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REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$3,164,793	\$4,934,781	\$1,769,988	56%
2	Salaries, Wages and Payroll Taxes	\$885,149	\$1,154,981	\$269,832	30%
3	Due To Third Party Payers	\$1,308,122	\$165,119	(\$1,143,003)	-87%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$560,000	\$752,175	\$192,175	34%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$8,417,439	\$8,538,881	\$121,442	1%
	Total Current Liabilities	\$14,335,503	\$15,545,937	\$1,210,434	8%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$14,691,107	\$17,263,764	\$2,572,657	18%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$14,691,107	\$17,263,764	\$2,572,657	18%
3	Accrued Pension Liability	\$28,880,608	\$29,499,800	\$619,192	2%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	Total Long Term Liabilities	\$43,571,715	\$46,763,564	\$3,191,849	7%
5	Interest in Net Assets of Affiliates or Joint Ventures	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$15,206,895	\$16,542,725	\$1,335,830	9%
2	Temporarily Restricted Net Assets	\$3,249,741	\$4,585,588	\$1,335,847	41%
3	Permanently Restricted Net Assets	\$3,717,325	\$3,630,221	(\$87,104)	-2%
	Total Net Assets	\$22,173,961	\$24,758,534	\$2,584,573	12%
	Total Liabilities and Net Assets	\$80,081,179	\$87,068,035	\$6,986,856	9%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$168,847,093	\$183,998,961	\$15,151,868	9%
2	Less: Allowances	\$66,803,878	\$77,152,173	\$10,348,295	15%
3	Less: Charity Care	\$1,391,261	\$446,519	(\$944,742)	-68%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$100,651,954	\$106,400,269	\$5,748,315	6%
5	Other Operating Revenue	\$2,972,027	\$3,673,638	\$701,611	24%
6	Net Assets Released from Restrictions	\$307,931	\$320,636	\$12,705	4%
	Total Operating Revenue	\$103,931,912	\$110,394,543	\$6,462,631	6%
B. Operating Expenses:					
1	Salaries and Wages	\$45,641,678	\$49,630,665	\$3,988,987	9%
2	Fringe Benefits	\$13,550,345	\$15,747,898	\$2,197,553	16%
3	Physicians Fees	\$2,019,693	\$2,639,539	\$619,846	31%
4	Supplies and Drugs	\$13,591,807	\$13,420,369	(\$171,438)	-1%
5	Depreciation and Amortization	\$4,508,893	\$4,627,959	\$119,066	3%
6	Bad Debts	\$3,376,899	\$3,435,180	\$58,281	2%
7	Interest	\$759,641	\$917,695	\$158,054	21%
8	Malpractice	\$1,269,030	\$1,032,229	(\$236,801)	-19%
9	Other Operating Expenses	\$15,693,953	\$16,985,283	\$1,291,330	8%
	Total Operating Expenses	\$100,411,939	\$108,436,817	\$8,024,878	8%
	Income/(Loss) From Operations	\$3,519,973	\$1,957,726	(\$1,562,247)	-44%
C. Non-Operating Revenue:					
1	Income from Investments	\$90,377	\$100,872	\$10,495	12%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$516,895	\$1,232,532	\$715,637	138%
	Total Non-Operating Revenue	\$607,272	\$1,333,404	\$726,132	120%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$4,127,245	\$3,291,130	(\$836,115)	-20%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$4,127,245	\$3,291,130	(\$836,115)	-20%
	Principal Payments	\$530,000	\$560,000	\$30,000	6%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
I. GROSS REVENUE BY PAYER					
A. INPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$24,321,791	\$25,583,389	\$1,261,598	5%
2	MEDICARE MANAGED CARE	\$4,024,892	\$4,198,276	\$173,384	4%
3	MEDICAID	\$5,393,111	\$6,051,925	\$658,814	12%
4	MEDICAID MANAGED CARE	\$3,820,634	\$4,023,604	\$202,970	5%
5	CHAMPUS/TRICARE	\$306,112	\$236,963	(\$69,149)	-23%
6	COMMERCIAL INSURANCE	\$13,754,085	\$14,641,790	\$887,705	6%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$195,883	\$342,212	\$146,329	75%
9	SELF- PAY/UNINSURED	\$1,207,338	\$769,040	(\$438,298)	-36%
10	SAGA	\$1,096,386	\$0	(\$1,096,386)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT GROSS REVENUE	\$54,120,232	\$55,847,199	\$1,726,967	3%
B. OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$31,202,303	\$34,434,684	\$3,232,381	10%
2	MEDICARE MANAGED CARE	\$5,188,084	\$6,747,572	\$1,559,488	30%
3	MEDICAID	\$6,886,664	\$11,246,097	\$4,359,433	63%
4	MEDICAID MANAGED CARE	\$11,317,722	\$12,864,599	\$1,546,877	14%
5	CHAMPUS/TRICARE	\$1,082,313	\$1,117,683	\$35,370	3%
6	COMMERCIAL INSURANCE	\$53,118,263	\$57,321,963	\$4,203,700	8%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,514,836	\$1,569,500	\$54,664	4%
9	SELF- PAY/UNINSURED	\$2,592,162	\$2,849,694	\$257,532	10%
10	SAGA	\$1,824,513	\$0	(\$1,824,513)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT GROSS REVENUE	\$114,726,860	\$128,151,792	\$13,424,932	12%
C. TOTAL GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$55,524,094	\$60,018,073	\$4,493,979	8%
2	MEDICARE MANAGED CARE	\$9,212,976	\$10,945,848	\$1,732,872	19%
3	MEDICAID	\$12,279,775	\$17,298,022	\$5,018,247	41%
4	MEDICAID MANAGED CARE	\$15,138,356	\$16,888,203	\$1,749,847	12%
5	CHAMPUS/TRICARE	\$1,388,425	\$1,354,646	(\$33,779)	-2%
6	COMMERCIAL INSURANCE	\$66,872,348	\$71,963,753	\$5,091,405	8%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,710,719	\$1,911,712	\$200,993	12%
9	SELF- PAY/UNINSURED	\$3,799,500	\$3,618,734	(\$180,766)	-5%
10	SAGA	\$2,920,899	\$0	(\$2,920,899)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL GROSS REVENUE	\$168,847,092	\$183,998,991	\$15,151,899	9%
II. NET REVENUE BY PAYER					
A. INPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$16,459,156	\$17,140,975	\$681,819	4%
2	MEDICARE MANAGED CARE	\$2,225,226	\$2,380,959	\$155,733	7%
3	MEDICAID	\$2,412,528	\$3,002,787	\$590,259	24%
4	MEDICAID MANAGED CARE	\$1,828,922	\$1,975,639	\$146,717	8%
5	CHAMPUS/TRICARE	\$179,806	\$102,259	(\$77,547)	-43%
6	COMMERCIAL INSURANCE	\$8,596,511	\$9,428,217	\$831,706	10%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$135,767	\$196,775	\$61,008	45%
9	SELF- PAY/UNINSURED	\$50,266	\$41,964	(\$8,302)	-17%
10	SAGA	\$246,767	\$0	(\$246,767)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL INPATIENT NET REVENUE	\$32,134,949	\$34,269,575	\$2,134,626	7%

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REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
B. OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$15,623,156	\$15,494,227	(\$128,929)	-1%
2	MEDICARE MANAGED CARE	\$1,854,318	\$3,505,569	\$1,651,251	89%
3	MEDICAID	\$2,285,112	\$5,015,054	\$2,729,942	119%
4	MEDICAID MANAGED CARE	\$4,871,635	\$5,286,519	\$414,884	9%
5	CHAMPUS/TRICARE	\$542,788	\$515,570	(\$27,218)	-5%
6	COMMERCIAL INSURANCE	\$37,307,187	\$36,064,281	(\$1,242,906)	-3%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,232,257	\$1,244,045	\$11,788	1%
9	SELF- PAY/UNINSURED	\$125,390	\$128,404	\$3,014	2%
10	SAGA	\$318,194	\$0	(\$318,194)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL OUTPATIENT NET REVENUE	\$64,160,037	\$67,253,669	\$3,093,632	5%
C. TOTAL NET REVENUE					
1	MEDICARE TRADITIONAL	\$32,082,312	\$32,635,202	\$552,890	2%
2	MEDICARE MANAGED CARE	\$4,079,544	\$5,886,528	\$1,806,984	44%
3	MEDICAID	\$4,697,640	\$8,017,841	\$3,320,201	71%
4	MEDICAID MANAGED CARE	\$6,700,557	\$7,262,158	\$561,601	8%
5	CHAMPUS/TRICARE	\$722,594	\$617,829	(\$104,765)	-14%
6	COMMERCIAL INSURANCE	\$45,903,698	\$45,492,498	(\$411,200)	-1%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$1,368,024	\$1,440,820	\$72,796	5%
9	SELF- PAY/UNINSURED	\$175,656	\$170,368	(\$5,288)	-3%
10	SAGA	\$564,961	\$0	(\$564,961)	-100%
11	OTHER	\$0	\$0	\$0	0%
	TOTAL NET REVENUE	\$96,294,986	\$101,523,244	\$5,228,258	5%
III. STATISTICS BY PAYER					
A. DISCHARGES					
1	MEDICARE TRADITIONAL	2,019	2,047	28	1%
2	MEDICARE MANAGED CARE	315	321	6	2%
3	MEDICAID	453	647	194	43%
4	MEDICAID MANAGED CARE	597	593	(4)	-1%
5	CHAMPUS/TRICARE	46	32	(14)	-30%
6	COMMERCIAL INSURANCE	1,632	1,453	(179)	-11%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	13	20	7	54%
9	SELF- PAY/UNINSURED	81	69	(12)	-15%
10	SAGA	46	0	(46)	-100%
11	OTHER	0	0	0	0%
	TOTAL DISCHARGES	5,202	5,182	(20)	0%
B. PATIENT DAYS					
1	MEDICARE TRADITIONAL	8,308	8,250	(58)	-1%
2	MEDICARE MANAGED CARE	1,214	1,278	64	5%
3	MEDICAID	2,140	2,807	667	31%
4	MEDICAID MANAGED CARE	1,307	1,376	69	5%
5	CHAMPUS/TRICARE	105	86	(19)	-18%
6	COMMERCIAL INSURANCE	5,264	4,385	(879)	-17%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	25	53	28	112%
9	SELF- PAY/UNINSURED	348	183	(165)	-47%
10	SAGA	165	0	(165)	-100%
11	OTHER	0	0	0	0%
	TOTAL PATIENT DAYS	18,876	18,418	(458)	-2%

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FISCAL YEAR 2011**

REPORT 165 - HOSPITAL GROSS REVENUE, NET REVENUE AND STATISTICS BY PAYER

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	DIFFERENC E
C. OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	91,197	105,221	14,024	15%
2	MEDICARE MANAGED CARE	11,845	14,251	2,406	20%
3	MEDICAID	23,266	30,372	7,106	31%
4	MEDICAID MANAGED CARE	35,891	37,304	1,413	4%
5	CHAMPUS/TRICARE	3,359	3,199	(160)	-5%
6	COMMERCIAL INSURANCE	139,672	132,336	(7,336)	-5%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	1,992	2,268	276	14%
9	SELF- PAY/UNINSURED	6,511	7,027	516	8%
10	SAGA	3,160	0	(3,160)	-100%
11	OTHER	0	0	0	0%
	TOTAL OUTPATIENT VISITS	316,893	331,978	15,085	5%
IV. EMERGENCY DEPARTMENT OUTPATIENT BY PAYER					
A. EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE					
1	MEDICARE TRADITIONAL	\$4,560,717	\$5,726,443	\$1,165,726	26%
2	MEDICARE MANAGED CARE	\$723,010	\$898,116	\$175,106	24%
3	MEDICAID	\$1,891,963	\$3,704,816	\$1,812,853	96%
4	MEDICAID MANAGED CARE	\$3,522,987	\$3,917,024	\$394,037	11%
5	CHAMPUS/TRICARE	\$257,241	\$238,357	(\$18,884)	-7%
6	COMMERCIAL INSURANCE	\$8,594,501	\$8,945,109	\$350,608	4%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$456,256	\$469,486	\$13,230	3%
9	SELF- PAY/UNINSURED	\$1,694,553	\$1,577,855	(\$116,698)	-7%
10	SAGA	\$763,095	\$0	(\$763,095)	-100%
11	OTHER	\$0	\$242,884	\$242,884	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT GROSS REVENUE	\$22,464,323	\$25,720,090	\$3,255,767	14%
B. EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE					
1	MEDICARE TRADITIONAL	\$1,756,003	\$2,010,316	\$254,313	14%
2	MEDICARE MANAGED CARE	\$253,625	\$450,035	\$196,410	77%
3	MEDICAID	\$570,276	\$1,076,751	\$506,475	89%
4	MEDICAID MANAGED CARE	\$1,333,341	\$1,400,829	\$67,488	5%
5	CHAMPUS/TRICARE	\$125,379	\$101,330	(\$24,049)	-19%
6	COMMERCIAL INSURANCE	\$6,887,193	\$6,544,306	(\$342,887)	-5%
7	NON-GOVERNMENT MANAGED CARE	\$0	\$0	\$0	0%
8	WORKER'S COMPENSATION	\$405,253	\$386,270	(\$18,983)	-5%
9	SELF- PAY/UNINSURED	\$1,021,386	\$96,452	(\$924,934)	-91%
10	SAGA	\$27,603	\$0	(\$27,603)	-100%
11	OTHER	\$0	\$82,638	\$82,638	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT NET REVENUE	\$12,380,059	\$12,148,927	(\$231,132)	-2%
C. EMERGENCY DEPARTMENT OUTPATIENT VISITS					
1	MEDICARE TRADITIONAL	4,289	4,067	(222)	-5%
2	MEDICARE MANAGED CARE	674	652	(22)	-3%
3	MEDICAID	2,381	3,523	1,142	48%
4	MEDICAID MANAGED CARE	7,274	5,355	(1,919)	-26%
5	CHAMPUS/TRICARE	383	284	(99)	-26%
6	COMMERCIAL INSURANCE	9,565	9,037	(528)	-6%
7	NON-GOVERNMENT MANAGED CARE	0	0	0	0%
8	WORKER'S COMPENSATION	831	685	(146)	-18%
9	SELF- PAY/UNINSURED	2,301	1,681	(620)	-27%
10	SAGA	952	0	(952)	-100%
11	OTHER	0	0	0	0%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	28,650	25,284	(3,366)	-12%

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REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I.	OPERATING EXPENSE BY CATEGORY				
A.	Salaries & Wages:				
1	Nursing Salaries	\$15,382,127	\$16,321,836	\$939,709	6%
2	Physician Salaries	\$3,398,414	\$4,033,097	\$634,683	19%
3	Non-Nursing, Non-Physician Salaries	\$26,861,137	\$29,275,732	\$2,414,595	9%
	Total Salaries & Wages	\$45,641,678	\$49,630,665	\$3,988,987	9%
B.	Fringe Benefits:				
1	Nursing Fringe Benefits	\$4,566,728	\$5,178,948	\$612,220	13%
2	Physician Fringe Benefits	\$1,008,939	\$1,267,584	\$258,645	26%
3	Non-Nursing, Non-Physician Fringe Benefits	\$7,974,678	\$9,301,366	\$1,326,688	17%
	Total Fringe Benefits	\$13,550,345	\$15,747,898	\$2,197,553	16%
C.	Contractual Labor Fees:				
1	Nursing Fees	\$0	\$0	\$0	0%
2	Physician Fees	\$2,019,693	\$2,639,539	\$619,846	31%
3	Non-Nursing, Non-Physician Fees	\$4,080,397	\$4,684,014	\$603,617	15%
	Total Contractual Labor Fees	\$6,100,090	\$7,323,553	\$1,223,463	20%
D.	Medical Supplies and Pharmaceutical Cost:				
1	Medical Supplies	\$8,654,560	\$8,982,454	\$327,894	4%
2	Pharmaceutical Costs	\$4,937,247	\$4,437,915	(\$499,332)	-10%
	Total Medical Supplies and Pharmaceutical Cost	\$13,591,807	\$13,420,369	(\$171,438)	-1%
E.	Depreciation and Amortization:				
1	Depreciation-Building	\$2,130,586	\$2,170,363	\$39,777	2%
2	Depreciation-Equipment	\$2,288,133	\$2,379,998	\$91,865	4%
3	Amortization	\$90,174	\$77,598	(\$12,576)	-14%
	Total Depreciation and Amortization	\$4,508,893	\$4,627,959	\$119,066	3%
F.	Bad Debts:				
1	Bad Debts	\$3,376,899	\$3,435,180	\$58,281	2%
G.	Interest Expense:				
1	Interest Expense	\$759,641	\$917,695	\$158,054	21%
H.	Malpractice Insurance Cost:				
1	Malpractice Insurance Cost	\$1,269,030	\$1,032,229	(\$236,801)	-19%
I.	Utilities:				
1	Water	\$59,390	\$63,756	\$4,366	7%
2	Natural Gas	\$468,347	\$412,077	(\$56,270)	-12%
3	Oil	\$3,860	\$6,403	\$2,543	66%
4	Electricity	\$927,146	\$1,119,552	\$192,406	21%
5	Telephone	\$466,753	\$588,908	\$122,155	26%
6	Other Utilities	\$3,975	\$2,783	(\$1,192)	-30%
	Total Utilities	\$1,929,471	\$2,193,479	\$264,008	14%
J.	Business Expenses:				
1	Accounting Fees	\$149,882	\$198,915	\$49,033	33%
2	Legal Fees	\$480,540	\$307,714	(\$172,826)	-36%
3	Consulting Fees	\$770,494	\$529,644	(\$240,850)	-31%
4	Dues and Membership	\$283,560	\$340,156	\$56,596	20%
5	Equipment Leases	\$293,710	\$372,925	\$79,215	27%
6	Building Leases	\$0	\$0	\$0	0%
7	Repairs and Maintenance	\$1,224,287	\$1,441,204	\$216,917	18%
8	Insurance	\$295,291	\$352,278	\$56,987	19%
9	Travel	\$281,775	\$281,308	(\$467)	0%
10	Conferences	\$66,873	\$46,139	(\$20,734)	-31%
11	Property Tax	\$57,640	\$79,053	\$21,413	37%
12	General Supplies	\$468,981	\$527,941	\$58,960	13%
13	Licenses and Subscriptions	\$46,055	\$68,077	\$22,022	48%
14	Postage and Shipping	\$114,729	\$104,410	(\$10,319)	-9%
15	Advertising	\$330,940	\$261,492	(\$69,448)	-21%
16	Other Business Expenses	\$0	\$0	\$0	0%
	Total Business Expenses	\$4,864,757	\$4,911,256	\$46,499	1%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
K.	Other Operating Expense:				
1	Miscellaneous Other Operating Expenses	\$4,819,328	\$5,196,534	\$377,206	8%
	Total Operating Expenses - All Expense Categories*	\$100,411,939	\$108,436,817	\$8,024,878	8%
	*A.- K. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				
II.	OPERATING EXPENSE BY DEPARTMENT				
A.	General Services:				
1	General Administration	\$5,667,836	\$6,298,028	\$630,192	11%
2	General Accounting	\$1,199,620	\$1,027,926	(\$171,694)	-14%
3	Patient Billing & Collection	\$2,499,699	\$2,382,386	(\$117,313)	-5%
4	Admitting / Registration Office	\$0	\$0	\$0	0%
5	Data Processing	\$0	\$0	\$0	0%
6	Communications	\$498,150	\$632,277	\$134,127	27%
7	Personnel	\$0	\$0	\$0	0%
8	Public Relations	\$0	\$0	\$0	0%
9	Purchasing	\$0	\$0	\$0	0%
10	Dietary and Cafeteria	\$1,768,623	\$1,815,365	\$46,742	3%
11	Housekeeping	\$973,662	\$1,015,937	\$42,275	4%
12	Laundry & Linen	\$0	\$0	\$0	0%
13	Operation of Plant	\$3,171,467	\$3,181,009	\$9,542	0%
14	Security	\$394,221	\$419,951	\$25,730	7%
15	Repairs and Maintenance	\$746,303	\$1,035,825	\$289,522	39%
16	Central Sterile Supply	\$276,354	\$272,114	(\$4,240)	-2%
17	Pharmacy Department	\$5,301,995	\$4,908,954	(\$393,041)	-7%
18	Other General Services	\$2,151,319	\$1,896,407	(\$254,912)	-12%
	Total General Services	\$24,649,249	\$24,886,179	\$236,930	1%
B.	Professional Services:				
1	Medical Care Administration	\$88,056	\$83,646	(\$4,410)	-5%
2	Residency Program	\$0	\$0	\$0	0%
3	Nursing Services Administration	\$982,373	\$1,076,808	\$94,435	10%
4	Medical Records	\$970,855	\$1,088,612	\$117,757	12%
5	Social Service	\$0	\$0	\$0	0%
6	Other Professional Services	\$119,982	\$134,618	\$14,636	12%
	Total Professional Services	\$2,161,266	\$2,383,684	\$222,418	10%
C.	Special Services:				
1	Operating Room	\$4,644,275	\$4,766,072	\$121,797	3%
2	Recovery Room	\$411,724	\$434,949	\$23,225	6%
3	Anesthesiology	\$0	\$76,733	\$76,733	0%
4	Delivery Room	\$1,018,317	\$1,251,300	\$232,983	23%
5	Diagnostic Radiology	\$2,351,356	\$2,537,875	\$186,519	8%
6	Diagnostic Ultrasound	\$674,654	\$805,483	\$130,829	19%
7	Radiation Therapy	\$0	\$0	\$0	0%
8	Radioisotopes	\$477,283	\$560,260	\$82,977	17%
9	CT Scan	\$651,585	\$646,320	(\$5,265)	-1%
10	Laboratory	\$5,353,859	\$5,788,306	\$434,447	8%
11	Blood Storing/Processing	\$353,901	\$359,867	\$5,966	2%
12	Cardiology	\$0	\$0	\$0	0%
13	Electrocardiology	\$479,914	\$462,256	(\$17,658)	-4%
14	Electroencephalography	\$22,211	\$88,326	\$66,115	298%
15	Occupational Therapy	\$0	\$0	\$0	0%
16	Speech Pathology	\$0	\$0	\$0	0%
17	Audiology	\$0	\$0	\$0	0%
18	Respiratory Therapy	\$701,783	\$698,881	(\$2,902)	0%
19	Pulmonary Function	\$0	\$0	\$0	0%
20	Intravenous Therapy	\$340,950	\$344,687	\$3,737	1%
21	Shock Therapy	\$0	\$0	\$0	0%
22	Psychiatry / Psychology Services	\$0	\$0	\$0	0%
23	Renal Dialysis	\$0	\$0	\$0	0%
24	Emergency Room	\$3,130,953	\$3,444,267	\$313,314	10%
25	MRI	\$1,246,384	\$1,496,546	\$250,162	20%
26	PET Scan	\$244,263	\$195,985	(\$48,278)	-20%
27	PET/CT Scan	\$0	\$0	\$0	0%
28	Endoscopy	\$0	\$0	\$0	0%
29	Sleep Center	\$404,577	\$415,892	\$11,315	3%
30	Lithotripsy	\$0	\$0	\$0	0%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 175 - HOSPITAL OPERATING EXPENSES BY EXPENSE CATEGORY AND DEPARTMENT**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
31	Cardiac Catheterization/Rehabilitation	\$269,961	\$267,590	(\$2,371)	-1%
32	Occupational Therapy / Physical Therapy	\$0	\$0	\$0	0%
33	Dental Clinic	\$0	\$0	\$0	0%
34	Other Special Services	\$139,495	\$1,027,160	\$887,665	636%
	Total Special Services	\$22,917,445	\$25,668,755	\$2,751,310	12%
	D. Routine Services:				
1	Medical & Surgical Units	\$3,212,547	\$3,223,203	\$10,656	0%
2	Intensive Care Unit	\$2,357,974	\$2,430,087	\$72,113	3%
3	Coronary Care Unit	\$0	\$0	\$0	0%
4	Psychiatric Unit	\$2,077,140	\$2,022,121	(\$55,019)	-3%
5	Pediatric Unit	\$0	\$0	\$0	0%
6	Maternity Unit	\$474,528	\$448,171	(\$26,357)	-6%
7	Newborn Nursery Unit	\$395,392	\$397,759	\$2,367	1%
8	Neonatal ICU	\$0	\$0	\$0	0%
9	Rehabilitation Unit	\$1,842,206	\$2,354,524	\$512,318	28%
10	Ambulatory Surgery	\$1,462,555	\$1,799,050	\$336,495	23%
11	Home Care	\$5,047,930	\$5,196,012	\$148,082	3%
12	Outpatient Clinics	\$6,277,559	\$7,772,753	\$1,495,194	24%
13	Other Routine Services	\$0	\$0	\$0	0%
	Total Routine Services	\$23,147,831	\$25,643,680	\$2,495,849	11%
	E. Other Departments:				
1	Miscellaneous Other Departments	\$27,536,148	\$29,854,519	\$2,318,371	8%
	Total Operating Expenses - All Departments*	\$100,411,939	\$108,436,817	\$8,024,878	8%
	*A.- 0. The total operating expenses amount above must agree with the total operating expenses amount on Report 150.				

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. <u>Statement of Operations Summary</u>				
1	Total Net Patient Revenue	\$95,995,284	\$ 100,651,954	\$106,400,269
2	Other Operating Revenue	2,986,027	3,279,958	3,994,274
3	Total Operating Revenue	\$98,981,311	\$103,931,912	\$110,394,543
4	Total Operating Expenses	96,763,604	100,411,939	108,436,817
5	Income/(Loss) From Operations	\$2,217,707	\$3,519,973	\$1,957,726
6	Total Non-Operating Revenue	(657,705)	607,272	1,333,404
7	Excess/(Deficiency) of Revenue Over Expenses	\$1,560,002	\$4,127,245	\$3,291,130
B. <u>Profitability Summary</u>				
1	Hospital Operating Margin	2.26%	3.37%	1.75%
2	Hospital Non Operating Margin	-0.67%	0.58%	1.19%
3	Hospital Total Margin	1.59%	3.95%	2.95%
4	Income/(Loss) From Operations	\$2,217,707	\$3,519,973	\$1,957,726
5	Total Operating Revenue	\$98,981,311	\$103,931,912	\$110,394,543
6	Total Non-Operating Revenue	(\$657,705)	\$607,272	\$1,333,404
7	Total Revenue	\$98,323,606	\$104,539,184	\$111,727,947
8	Excess/(Deficiency) of Revenue Over Expenses	\$1,560,002	\$4,127,245	\$3,291,130
C. <u>Net Assets Summary</u>				
1	Hospital Unrestricted Net Assets	\$15,965,857	\$15,206,895	\$16,542,725
2	Hospital Total Net Assets	\$23,306,105	\$22,173,961	\$24,758,534
3	Hospital Change in Total Net Assets	(\$22,472,366)	(\$1,132,144)	\$2,584,573
4	Hospital Change in Total Net Assets %	50.9%	-4.9%	11.7%
D. <u>Cost Data Summary</u>				
1	<u>Ratio of Cost to Charges</u>	0.57	0.58	0.58
2	Total Operating Expenses	\$96,763,604	\$100,411,939	\$108,436,817
3	Total Gross Revenue	\$165,561,001	\$168,847,092	\$183,998,991
4	Total Other Operating Revenue	\$2,788,759	\$2,972,027	\$3,673,638

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
5	<u>Private Payment to Cost Ratio</u>	1.18	1.18	1.10
6	Total Non-Government Payments	\$46,755,324	\$47,447,378	\$47,103,686
7	Total Uninsured Payments	\$211,610	\$175,656	\$170,368
8	Total Non-Government Charges	\$71,884,616	\$72,382,567	\$77,494,199
9	Total Uninsured Charges	\$3,496,568	\$3,799,500	\$3,618,734
10	<u>Medicare Payment to Cost Ratio</u>	0.90	0.96	0.94
11	Total Medicare Payments	\$34,051,500	\$36,161,856	\$38,521,730
12	Total Medicare Charges	\$66,027,802	\$64,737,070	\$70,963,921
13	<u>Medicaid Payment to Cost Ratio</u>	0.78	0.71	0.77
14	Total Medicaid Payments	\$9,815,080	\$11,398,197	\$15,279,999
15	Total Medicaid Charges	\$22,009,200	\$27,418,131	\$34,186,225
16	<u>Uncompensated Care Cost</u>	\$2,675,910	\$2,748,737	\$2,196,343
17	Charity Care	\$1,210,237	\$1,391,261	\$446,519
18	Bad Debts	\$3,445,323	\$3,312,220	\$3,354,712
19	Total Uncompensated Care	\$4,655,560	\$4,703,481	\$3,801,231
20	<u>Uncompensated Care % of Total Expenses</u>	2.8%	2.7%	2.0%
21	Total Operating Expenses	\$96,763,604	\$100,411,939	\$108,436,817
E. <u>Liquidity Measures Summary</u>				
1	<u>Current Ratio</u>	2.27	2.04	1.85
2	Total Current Assets	\$36,346,779	\$29,243,904	\$28,768,813
3	Total Current Liabilities	\$16,045,268	\$14,335,503	\$15,545,937
4	<u>Days Cash on Hand</u>	91	60	38
5	Cash and Cash Equivalents	\$9,595,927	\$7,593,483	\$2,168,500
6	Short Term Investments	13,407,390	8,299,896	8,537,281
7	Total Cash and Short Term Investments	\$23,003,317	\$15,893,379	\$10,705,781
8	Total Operating Expenses	\$96,763,604	\$100,411,939	\$108,436,817
9	Depreciation Expense	\$4,490,815	\$4,508,893	\$4,627,959
10	Operating Expenses less Depreciation Expense	\$92,272,789	\$95,903,046	\$103,808,858

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
11	<u>Days Revenue in Patient Accounts Receivable</u>	28.74	32.04	39.99
12	Net Patient Accounts Receivable	\$ 10,764,165	\$ 10,144,136	\$ 11,823,463
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$3,205,718	\$1,308,122	\$165,119
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 7,558,447	\$ 8,836,014	\$ 11,658,344
16	Total Net Patient Revenue	\$95,995,284	\$ 100,651,954	\$ 106,400,269
17	<u>Average Payment Period</u>	63.47	54.56	54.66
18	Total Current Liabilities	\$16,045,268	\$14,335,503	\$15,545,937
19	Total Operating Expenses	\$96,763,604	\$100,411,939	\$108,436,817
20	Depreciation Expense	\$4,490,815	\$4,508,893	\$4,627,959
21	Total Operating Expenses less Depreciation Expense	\$92,272,789	\$95,903,046	\$103,808,858
	<u>F. Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	29.7	27.7	28.4
2	Total Net Assets	\$23,306,105	\$22,173,961	\$24,758,534
3	Total Assets	\$78,573,595	\$80,081,179	\$87,068,035
4	<u>Cash Flow to Total Debt Ratio</u>	20.4	29.8	24.1
5	Excess/(Deficiency) of Revenues Over Expenses	\$1,560,002	\$4,127,245	\$3,291,130
6	Depreciation Expense	\$4,490,815	\$4,508,893	\$4,627,959
7	Excess of Revenues Over Expenses and Depreciation Expense	\$6,050,817	\$8,636,138	\$7,919,089
8	Total Current Liabilities	\$16,045,268	\$14,335,503	\$15,545,937
9	Total Long Term Debt	\$13,620,000	\$14,691,107	\$17,263,764
10	Total Current Liabilities and Total Long Term Debt	\$29,665,268	\$29,026,610	\$32,809,701
11	<u>Long Term Debt to Capitalization Ratio</u>	36.9	39.9	41.1
12	Total Long Term Debt	\$13,620,000	\$14,691,107	\$17,263,764
13	Total Net Assets	\$23,306,105	\$22,173,961	\$24,758,534
14	Total Long Term Debt and Total Net Assets	\$36,926,105	\$36,865,068	\$42,022,298

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
15	Debt Service Coverage Ratio	5.6	7.3	6.0
16	Excess Revenues over Expenses	\$1,560,002	\$4,127,245	\$3,291,130
17	Interest Expense	\$712,804	\$759,641	\$917,695
18	Depreciation and Amortization Expense	\$4,490,815	\$4,508,893	\$4,627,959
19	Principal Payments	\$500,000	\$530,000	\$560,000
	G. Other Financial Ratios			
20	Average Age of Plant	12.4	13.3	13.9
21	Accumulated Depreciation	\$55,565,960	\$59,922,177	\$64,431,275
22	Depreciation and Amortization Expense	\$4,490,815	\$4,508,893	\$4,627,959
	H. Utilization Measures Summary			
1	Patient Days	20,204	18,876	18,418
2	Discharges	5,573	5,202	5,182
3	ALOS	3.6	3.6	3.6
4	Staffed Beds	72	72	72
5	Available Beds	-	122	122
6	Licensed Beds	122	122	122
6	Occupancy of Staffed Beds	76.9%	71.8%	70.1%
7	Occupancy of Available Beds	45.4%	42.4%	41.4%
8	Full Time Equivalent Employees	737.9	774.8	802.8
	I. Hospital Gross Revenue Payer Mix Percentage			
1	Non-Government Gross Revenue Payer Mix Percentage	41.3%	40.6%	40.1%
2	Medicare Gross Revenue Payer Mix Percentage	39.9%	38.3%	38.6%
3	Medicaid Gross Revenue Payer Mix Percentage	13.3%	16.2%	18.6%
4	Other Medical Assistance Gross Revenue Payer Mix Percentage	2.9%	1.7%	0.0%
5	Uninsured Gross Revenue Payer Mix Percentage	2.1%	2.3%	2.0%
6	CHAMPUS / TRICARE Gross Revenue Payer Mix Percentage	0.5%	0.8%	0.7%
7	Total Gross Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Gross Revenue (Charges)	\$68,388,048	\$68,583,067	\$73,875,465
9	Medicare Gross Revenue (Charges)	\$66,027,802	\$64,737,070	\$70,963,921
10	Medicaid Gross Revenue (Charges)	\$22,009,200	\$27,418,131	\$34,186,225
11	Other Medical Assistance Gross Revenue (Charges)	\$4,803,333	\$2,920,899	\$0
12	Uninsured Gross Revenue (Charges)	\$3,496,568	\$3,799,500	\$3,618,734
13	CHAMPUS / TRICARE Gross Revenue (Charges)	\$836,050	\$1,388,425	\$1,354,646
14	Total Gross Revenue (Charges)	\$165,561,001	\$168,847,092	\$183,998,991

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 185 - HOSPITAL FINANCIAL AND STATISTICAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
J. Hospital Net Revenue Payer Mix Percentage				
1	Non-Government Net Revenue Payer Mix Percentage	50.6%	49.1%	46.2%
2	Medicare Net Revenue Payer Mix Percentage	37.0%	37.6%	37.9%
3	Medicaid Net Revenue Payer Mix Percentage	10.7%	11.8%	15.1%
4	Other Medical Assistance Net Revenue Payer Mix Percentage	1.0%	0.6%	0.0%
5	Uninsured Net Revenue Payer Mix Percentage	0.2%	0.2%	0.2%
6	CHAMPUS / TRICARE Net Revenue Payer Mix Percentage	0.5%	0.8%	0.6%
7	Total Net Revenue Payer Mix Percentage	100.0%	100.0%	100.0%
8	Non-Government Net Revenue (Payments)	\$46,543,714	\$47,271,722	\$46,933,318
9	Medicare Net Revenue (Payments)	\$34,051,500	\$36,161,856	\$38,521,730
10	Medicaid Net Revenue (Payments)	\$9,815,080	\$11,398,197	\$15,279,999
11	Other Medical Assistance Net Revenue (Payments)	\$957,439	\$564,961	\$0
12	Uninsured Net Revenue (Payments)	\$211,610	\$175,656	\$170,368
13	CHAMPUS / TRICARE Net Revenue Payments)	\$414,248	\$722,594	\$617,829
14	Total Net Revenue (Payments)	\$91,993,591	\$96,294,986	\$101,523,244
K. Discharges				
1	Non-Government (Including Self Pay / Uninsured)	2,019	1,726	1,542
2	Medicare	2,571	2,334	2,368
3	Medical Assistance	970	1,096	1,240
4	Medicaid	871	1,050	1,240
5	Other Medical Assistance	99	46	-
6	CHAMPUS / TRICARE	13	46	32
7	Uninsured (Included In Non-Government)	72	81	69
8	Total	5,573	5,202	5,182
L. Case Mix Index				
1	Non-Government (Including Self Pay / Uninsured)	0.828400	0.829300	1.138000
2	Medicare	1.109300	1.023500	1.053600
3	Medical Assistance	0.621600	0.823100	0.693200
4	Medicaid	0.621600	0.823100	0.693200
5	Other Medical Assistance	0.621600	0.823100	0.000000
6	CHAMPUS / TRICARE	0.969100	0.665800	0.555100
7	Uninsured (Included In Non-Government)	0.909500	0.856700	0.767600
8	Total Case Mix Index	0.922321	0.913680	0.989396
M. Emergency Department Visits				
1	Emergency Room - Treated and Admitted	3,673	3,604	3,521
2	Emergency Room - Treated and Discharged	30,101	28,650	25,284
3	Total Emergency Room Visits	33,774	32,254	28,805

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
I. MEDICARE MANAGED CARE					
A. ANTHEM - MEDICARE BLUE CONNECTICUT					
1	Inpatient Charges	\$0	\$7,808	\$7,808	0%
2	Inpatient Payments	\$0	\$7,717	\$7,717	0%
3	Outpatient Charges	\$0	\$50,205	\$50,205	0%
4	Outpatient Payments	\$0	\$19,512	\$19,512	0%
5	Discharges	0	2	2	0%
6	Patient Days	0	6	6	0%
7	Outpatient Visits (Excludes ED Visits)	0	96	96	0%
8	Emergency Department Outpatient Visits	0	7	7	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$58,013	\$58,013	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$27,229	\$27,229	0%
B. CIGNA HEALTHCARE					
1	Inpatient Charges	\$11,871	\$0	(\$11,871)	-100%
2	Inpatient Payments	\$3,717	\$0	(\$3,717)	-100%
3	Outpatient Charges	\$16,861	\$1,179	(\$15,682)	-93%
4	Outpatient Payments	\$7,720	\$147	(\$7,573)	-98%
5	Discharges	1	0	(1)	-100%
6	Patient Days	3	0	(3)	-100%
7	Outpatient Visits (Excludes ED Visits)	52	8	(44)	-85%
8	Emergency Department Outpatient Visits	3	0	(3)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$28,732	\$1,179	(\$27,553)	-96%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$11,437	\$147	(\$11,290)	-99%
C. CONNECTICARE, INC.					
1	Inpatient Charges	\$655,709	\$1,164,779	\$509,070	78%
2	Inpatient Payments	\$328,402	\$620,756	\$292,354	89%
3	Outpatient Charges	\$1,000,800	\$1,893,808	\$893,008	89%
4	Outpatient Payments	\$351,717	\$1,045,176	\$693,459	197%
5	Discharges	48	74	26	54%
6	Patient Days	197	325	128	65%
7	Outpatient Visits (Excludes ED Visits)	2,264	4,174	1,910	84%
8	Emergency Department Outpatient Visits	101	140	39	39%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,656,509	\$3,058,587	\$1,402,078	85%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$680,119	\$1,665,932	\$985,813	145%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
D. HEALTHNET OF CONNECTICUT					
1	Inpatient Charges	\$2,124,237	\$433,920	(\$1,690,317)	-80%
2	Inpatient Payments	\$1,174,687	\$235,512	(\$939,175)	-80%
3	Outpatient Charges	\$2,537,981	\$617,273	(\$1,920,708)	-76%
4	Outpatient Payments	\$954,613	\$143,734	(\$810,879)	-85%
5	Discharges	158	38	(120)	-76%
6	Patient Days	617	161	(456)	-74%
7	Outpatient Visits (Excludes ED Visits)	5,525	1,244	(4,281)	-77%
8	Emergency Department Outpatient Visits	298	49	(249)	-84%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$4,662,218	\$1,051,193	(\$3,611,025)	-77%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$2,129,300	\$379,246	(\$1,750,054)	-82%
E. OTHER MEDICARE MANAGED CARE					
1	Inpatient Charges	\$1,166,652	\$124,730	(\$1,041,922)	-89%
2	Inpatient Payments	\$685,151	\$97,098	(\$588,053)	-86%
3	Outpatient Charges	\$1,581,475	\$92,022	(\$1,489,453)	-94%
4	Outpatient Payments	\$514,051	\$50,478	(\$463,573)	-90%
5	Discharges	104	14	(90)	-87%
6	Patient Days	385	46	(339)	-88%
7	Outpatient Visits (Excludes ED Visits)	3,156	162	(2,994)	-95%
8	Emergency Department Outpatient Visits	268	33	(235)	-88%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$2,748,127	\$216,752	(\$2,531,375)	-92%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,199,202	\$147,576	(\$1,051,626)	-88%
F. OXFORD HEALTH PLANS, INC - MEDICARE ADVANTAGE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
G. UNITED HEALTHCARE INSURANCE COMPANY					
1	Inpatient Charges	\$0	\$2,166,524	\$2,166,524	0%
2	Inpatient Payments	\$0	\$1,238,447	\$1,238,447	0%
3	Outpatient Charges	\$0	\$3,678,390	\$3,678,390	0%
4	Outpatient Payments	\$0	\$2,020,566	\$2,020,566	0%
5	Discharges	0	163	163	0%
6	Patient Days	0	642	642	0%
7	Outpatient Visits (Excludes ED Visits)	0	6,866	6,866	0%
8	Emergency Department Outpatient Visits	0	365	365	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$5,844,914	\$5,844,914	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$3,259,013	\$3,259,013	0%
H. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
I. AETNA					
1	Inpatient Charges	\$66,423	\$0	(\$66,423)	-100%
2	Inpatient Payments	\$33,269	\$0	(\$33,269)	-100%
3	Outpatient Charges	\$50,967	\$73,762	\$22,795	45%
4	Outpatient Payments	\$26,217	\$30,464	\$4,247	16%
5	Discharges	4	0	(4)	-100%
6	Patient Days	12	0	(12)	-100%
7	Outpatient Visits (Excludes ED Visits)	174	131	(43)	-25%
8	Emergency Department Outpatient Visits	4	8	4	100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$117,390	\$73,762	(\$43,628)	-37%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$59,486	\$30,464	(\$29,022)	-49%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
J. HUMANA					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
K. SECURE HORIZONS					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
L. UNICARE LIFE & HEALTH INSURANCE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 200 - HOSPITAL MEDICARE MANAGED CARE ACTIVITY**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
M. UNIVERSAL AMERICAN					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
N. EVERCARE					
1	Inpatient Charges	\$0	\$300,515	\$300,515	0%
2	Inpatient Payments	\$0	\$181,429	\$181,429	0%
3	Outpatient Charges	\$0	\$340,933	\$340,933	0%
4	Outpatient Payments	\$0	\$195,492	\$195,492	0%
5	Discharges	0	30	30	0%
6	Patient Days	0	98	98	0%
7	Outpatient Visits (Excludes ED Visits)	0	918	918	0%
8	Emergency Department Outpatient Visits	0	50	50	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$641,448	\$641,448	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$376,921	\$376,921	0%
II. TOTAL MEDICARE MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$4,024,892	\$4,198,276	\$173,384	4%
	TOTAL INPATIENT PAYMENTS	\$2,225,226	\$2,380,959	\$155,733	7%
	TOTAL OUTPATIENT CHARGES	\$5,188,084	\$6,747,572	\$1,559,488	30%
	TOTAL OUTPATIENT PAYMENTS	\$1,854,318	\$3,505,569	\$1,651,251	89%
	TOTAL DISCHARGES	315	321	6	2%
	TOTAL PATIENT DAYS	1,214	1,278	64	5%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	11,171	13,599	2,428	22%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	674	652	(22)	-3%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$9,212,976	\$10,945,848	\$1,732,872	19%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$4,079,544	\$5,886,528	\$1,806,984	44%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
I. MEDICAID MANAGED CARE					
A. ANTHEM BLUE CROSS AND BLUE SHIELD OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%
B. COMMUNITY HEALTH NETWORK OF CT					
1	Inpatient Charges	\$2,281,514	\$2,531,045	\$249,531	11%
2	Inpatient Payments	\$1,112,076	\$1,275,246	\$163,170	15%
3	Outpatient Charges	\$7,910,080	\$8,820,208	\$910,128	12%
4	Outpatient Payments	\$3,664,227	\$3,728,971	\$64,744	2%
5	Discharges	357	348	(9)	-3%
6	Patient Days	781	819	38	5%
7	Outpatient Visits (Excludes ED Visits)	21,958	24,942	2,984	14%
8	Emergency Department Outpatient Visits	4,569	3,347	(1,222)	-27%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$10,191,594	\$11,351,253	\$1,159,659	11%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$4,776,303	\$5,004,217	\$227,914	5%
C. HEALTHNET OF THE NORTHEAST, INC.					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
TOTAL INPATIENT & OUTPATIENT CHARGES		\$0	\$0	\$0	0%
TOTAL INPATIENT & OUTPATIENT PAYMENTS		\$0	\$0	\$0	0%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
D. OTHER MEDICAID MANAGED CARE					
1	Inpatient Charges	\$583,566	\$0	(\$583,566)	-100%
2	Inpatient Payments	\$279,407	\$0	(\$279,407)	-100%
3	Outpatient Charges	\$893,732	\$220,015	(\$673,717)	-75%
4	Outpatient Payments	\$247,936	\$117,712	(\$130,224)	-53%
5	Discharges	91	0	(91)	-100%
6	Patient Days	199	0	(199)	-100%
7	Outpatient Visits (Excludes ED Visits)	109	444	335	307%
8	Emergency Department Outpatient Visits	7	0	(7)	-100%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$1,477,298	\$220,015	(\$1,257,283)	-85%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$527,343	\$117,712	(\$409,631)	-78%
E. WELLCARE OF CONNECTICUT					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%
F. FIRST CHOICE OF CONNECTICUT, PREFERRED ONE					
1	Inpatient Charges	\$0	\$0	\$0	0%
2	Inpatient Payments	\$0	\$0	\$0	0%
3	Outpatient Charges	\$0	\$0	\$0	0%
4	Outpatient Payments	\$0	\$0	\$0	0%
5	Discharges	0	0	0	0%
6	Patient Days	0	0	0	0%
7	Outpatient Visits (Excludes ED Visits)	0	0	0	0%
8	Emergency Department Outpatient Visits	0	0	0	0%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$0	\$0	\$0	0%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$0	\$0	\$0	0%

**DAY KIMBALL HOSPITAL
TWELVE MONTHS ACTUAL FILING
FISCAL YEAR 2011
REPORT 250 - HOSPITAL MEDICAID MANAGED CARE ACTIVITY**

(1)	(2)	(3) FY 2010 ACTUAL	(4) FY 2011 ACTUAL	(5) AMOUNT DIFFERENCE	(6) % DIFFERENCE
G. UNITED HEALTHCARE					
1	Inpatient Charges	\$65,312	\$533,412	\$468,100	717%
2	Inpatient Payments	\$38,255	\$250,629	\$212,374	555%
3	Outpatient Charges	\$271,146	\$1,271,493	\$1,000,347	369%
4	Outpatient Payments	\$132,871	\$481,428	\$348,557	262%
5	Discharges	10	88	78	780%
6	Patient Days	22	206	184	836%
7	Outpatient Visits (Excludes ED Visits)	3,314	2,159	(1,155)	-35%
8	Emergency Department Outpatient Visits	667	662	(5)	-1%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$336,458	\$1,804,905	\$1,468,447	436%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$171,126	\$732,057	\$560,931	328%
H. AETNA					
1	Inpatient Charges	\$890,242	\$959,147	\$68,905	8%
2	Inpatient Payments	\$399,184	\$449,764	\$50,580	13%
3	Outpatient Charges	\$2,242,764	\$2,552,883	\$310,119	14%
4	Outpatient Payments	\$826,601	\$958,408	\$131,807	16%
5	Discharges	139	157	18	13%
6	Patient Days	305	351	46	15%
7	Outpatient Visits (Excludes ED Visits)	3,236	4,404	1,168	36%
8	Emergency Department Outpatient Visits	2,031	1,346	(685)	-34%
9	Emergency Department Inpatient Admissions	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$3,133,006	\$3,512,030	\$379,024	12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$1,225,785	\$1,408,172	\$182,387	15%
II. TOTAL MEDICAID MANAGED CARE					
	TOTAL INPATIENT CHARGES	\$3,820,634	\$4,023,604	\$202,970	5%
	TOTAL INPATIENT PAYMENTS	\$1,828,922	\$1,975,639	\$146,717	8%
	TOTAL OUTPATIENT CHARGES	\$11,317,722	\$12,864,599	\$1,546,877	14%
	TOTAL OUTPATIENT PAYMENTS	\$4,871,635	\$5,286,519	\$414,884	9%
	TOTAL DISCHARGES	597	593	(4)	-1%
	TOTAL PATIENT DAYS	1,307	1,376	69	5%
	TOTAL OUTPATIENT VISITS (EXCLUDES ED VISITS)	28,617	31,949	3,332	12%
	TOTAL EMERGENCY DEPARTMENT OUTPATIENT VISITS	7,274	5,355	(1,919)	-26%
	TOTAL EMERGENCY DEPARTMENT INPATIENT ADMISSIONS	0	0	0	0%
	TOTAL INPATIENT & OUTPATIENT CHARGES	\$15,138,356	\$16,888,203	\$1,749,847	12%
	TOTAL INPATIENT & OUTPATIENT PAYMENTS	\$6,700,557	\$7,262,158	\$561,601	8%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL</u>	<u>ACTUAL</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>
I.	ASSETS				
A.	Current Assets:				
1	Cash and Cash Equivalents	\$8,007,201	\$2,768,481	(\$5,238,720)	-65%
2	Short Term Investments	\$8,299,896	\$8,537,281	\$237,385	3%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	\$10,794,688	\$12,857,684	\$2,062,996	19%
4	Current Assets Whose Use is Limited for Current Liabilities	\$233,000	\$431,679	\$198,679	85%
5	Due From Affiliates	\$0	\$0	\$0	0%
6	Due From Third Party Payers	\$0	\$0	\$0	0%
7	Inventories of Supplies	\$2,103,446	\$2,457,926	\$354,480	17%
8	Prepaid Expenses	\$0	\$0	\$0	0%
9	Other Current Assets	\$0	\$812,220	\$812,220	0%
	Total Current Assets	\$29,438,231	\$27,865,271	(\$1,572,960)	-5%
B.	Noncurrent Assets Whose Use is Limited:				
1	Held by Trustee	\$3,905,024	\$3,774,294	(\$130,730)	-3%
2	Board Designated for Capital Acquisition	\$0	\$0	\$0	0%
3	Funds Held in Escrow	\$1,292,303	\$1,292,238	(\$65)	0%
4	Other Noncurrent Assets Whose Use is Limited	\$3,522,055	\$4,647,206	\$1,125,151	32%
	Total Noncurrent Assets Whose Use is Limited:	\$8,719,382	\$9,713,738	\$994,356	11%
5	Interest in Net Assets of Foundation	\$0	\$0	\$0	0%
6	Long Term Investments	\$6,811,104	\$6,573,322	(\$237,782)	-3%
7	Other Noncurrent Assets	\$696,283	\$618,684	(\$77,599)	-11%
C.	Net Fixed Assets:				
1	Property, Plant and Equipment	\$84,626,851	\$98,663,786	\$14,036,935	17%
2	Less: Accumulated Depreciation	\$60,002,565	\$64,563,946	\$4,561,381	\$0
	Property, Plant and Equipment, Net	\$24,624,286	\$34,099,840	\$9,475,554	38%
3	Construction in Progress	\$7,373,183	\$2,510,153	(\$4,863,030)	-66%
	Total Net Fixed Assets	\$31,997,469	\$36,609,993	\$4,612,524	14%
	Total Assets	\$77,662,469	\$81,381,008	\$3,718,539	5%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 300 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>FY 2010 ACTUAL</u>	<u>FY 2011 ACTUAL</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
II. LIABILITIES AND NET ASSETS					
A. Current Liabilities:					
1	Accounts Payable and Accrued Expenses	\$3,335,293	\$5,143,344	\$1,808,051	54%
2	Salaries, Wages and Payroll Taxes	\$1,016,316	\$1,435,733	\$419,417	41%
3	Due To Third Party Payers	\$1,308,122	\$165,119	(\$1,143,003)	-87%
4	Due To Affiliates	\$0	\$0	\$0	0%
5	Current Portion of Long Term Debt	\$560,000	\$752,175	\$192,175	34%
6	Current Portion of Notes Payable	\$0	\$0	\$0	0%
7	Other Current Liabilities	\$8,661,686	\$8,797,410	\$135,724	2%
	Total Current Liabilities	\$14,881,417	\$16,293,781	\$1,412,364	9%
B. Long Term Debt:					
1	Bonds Payable (Net of Current Portion)	\$14,691,107	\$17,263,764	\$2,572,657	18%
2	Notes Payable (Net of Current Portion)	\$0	\$0	\$0	0%
	Total Long Term Debt	\$14,691,107	\$17,263,764	\$2,572,657	18%
3	Accrued Pension Liability	\$28,880,608	\$29,499,800	\$619,192	2%
4	Other Long Term Liabilities	\$0	\$0	\$0	0%
	Total Long Term Liabilities	\$43,571,715	\$46,763,564	\$3,191,849	7%
5	Interest in Net Assets of Affiliates or Joint	\$0	\$0	\$0	0%
C. Net Assets:					
1	Unrestricted Net Assets or Equity	\$12,241,312	\$10,104,119	(\$2,137,193)	-17%
2	Temporarily Restricted Net Assets	\$3,250,700	\$4,589,323	\$1,338,623	41%
3	Permanently Restricted Net Assets	\$3,717,325	\$3,630,221	(\$87,104)	-2%
	Total Net Assets	\$19,209,337	\$18,323,663	(\$885,674)	-5%
	Total Liabilities and Net Assets	\$77,662,469	\$81,381,008	\$3,718,539	5%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 350 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A. Operating Revenue:					
1	Total Gross Patient Revenue	\$177,697,551	\$196,297,728	\$18,600,177	10%
2	Less: Allowances	\$69,271,905	\$80,693,890	\$11,421,985	16%
3	Less: Charity Care	\$1,391,261	\$446,519	(\$944,742)	-68%
4	Less: Other Deductions	\$0	\$0	\$0	0%
	Total Net Patient Revenue	\$107,034,385	\$115,157,319	\$8,122,934	8%
5	Other Operating Revenue	\$3,179,532	\$4,173,444	\$993,912	31%
6	Net Assets Released from Restrictions	\$313,275	\$320,636	\$7,361	2%
	Total Operating Revenue	\$110,527,192	\$119,651,399	\$9,124,207	8%
B. Operating Expenses:					
1	Salaries and Wages	\$51,824,463	\$58,121,283	\$6,296,820	12%
2	Fringe Benefits	\$14,651,110	\$17,229,753	\$2,578,643	18%
3	Physicians Fees	\$2,019,693	\$2,639,539	\$619,846	31%
4	Supplies and Drugs	\$13,784,884	\$13,661,656	(\$123,228)	-1%
5	Depreciation and Amortization	\$4,545,134	\$4,685,726	\$140,592	3%
6	Bad Debts	\$3,380,034	\$3,528,349	\$148,315	4%
7	Interest	\$759,641	\$917,695	\$158,054	21%
8	Malpractice	\$1,550,078	\$1,365,517	(\$184,561)	-12%
9	Other Operating Expenses	\$16,880,610	\$19,017,178	\$2,136,568	13%
	Total Operating Expenses	\$109,395,647	\$121,166,696	\$11,771,049	11%
	Income/(Loss) From Operations	\$1,131,545	(\$1,515,297)	(\$2,646,842)	-234%
C. Non-Operating Revenue:					
1	Income from Investments	\$90,377	\$100,872	\$10,495	12%
2	Gifts, Contributions and Donations	\$0	\$0	\$0	0%
3	Other Non-Operating Gains/(Losses)	\$516,895	\$1,232,532	\$715,637	138%
	Total Non-Operating Revenue	\$607,272	\$1,333,404	\$726,132	120%
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	\$1,738,817	(\$181,893)	(\$1,920,710)	-110%
Other Adjustments:					
	Unrealized Gains/(Losses)	\$0	\$0	\$0	0%
	All Other Adjustments	\$0	\$0	\$0	0%
	Total Other Adjustments	\$0	\$0	\$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	\$1,738,817	(\$181,893)	(\$1,920,710)	-110%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
A. Parent Corporation Statement of Operations Summary				
1	Net Patient Revenue	\$99,560,103	\$107,034,385	\$115,157,319
2	Other Operating Revenue	3,012,747	3,492,807	4,494,080
3	Total Operating Revenue	\$102,572,850	\$110,527,192	\$119,651,399
4	Total Operating Expenses	101,280,277	109,395,647	121,166,696
5	Income/(Loss) From Operations	\$1,292,573	\$1,131,545	(\$1,515,297)
6	Total Non-Operating Revenue	(687,680)	607,272	1,333,404
7	Excess/(Deficiency) of Revenue Over Expenses	\$604,893	\$1,738,817	(\$181,893)
B. Parent Corporation Profitability Summary				
1	Parent Corporation Operating Margin	1.27%	1.02%	-1.25%
2	Parent Corporation Non-Operating Margin	-0.67%	0.55%	1.10%
3	Parent Corporation Total Margin	0.59%	1.56%	-0.15%
4	Income/(Loss) From Operations	\$1,292,573	\$1,131,545	(\$1,515,297)
5	Total Operating Revenue	\$102,572,850	\$110,527,192	\$119,651,399
6	Total Non-Operating Revenue	(\$687,680)	\$607,272	\$1,333,404
7	Total Revenue	\$101,885,170	\$111,134,464	\$120,984,803
8	Excess/(Deficiency) of Revenue Over Expenses	\$604,893	\$1,738,817	(\$181,893)
C. Parent Corporation Net Assets Summary				
1	Parent Corporation Unrestricted Net Assets	\$15,388,702	\$12,241,312	\$10,104,119
2	Parent Corporation Total Net Assets	\$22,735,253	\$19,209,337	\$18,323,663
3	Parent Corporation Change in Total Net Assets	(\$23,421,172)	(\$3,525,916)	(\$885,674)
4	Parent Corporation Change in Total Net Assets %	49.3%	-15.5%	-4.6%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	FY 2009	FY 2010	FY 2011
D. Liquidity Measures Summary				
1	Current Ratio	2.27	1.98	1.71
2	Total Current Assets	\$36,892,327	\$29,438,231	\$27,865,271
3	Total Current Liabilities	\$16,238,799	\$14,881,417	\$16,293,781
4	Days Cash on Hand	88	57	35
5	Cash and Cash Equivalents	\$9,970,754	\$8,007,201	\$2,768,481
6	Short Term Investments	13,407,390	8,299,896	8,537,281
7	Total Cash and Short Term Investments	\$23,378,144	\$16,307,097	\$11,305,762
8	Total Operating Expenses	\$101,280,277	\$109,395,647	\$121,166,696
9	Depreciation Expense	\$4,505,222	\$4,545,134	\$4,685,726
10	Operating Expenses less Depreciation Expense	\$96,775,055	\$104,850,513	\$116,480,970
11	Days Revenue in Patient Accounts Receivable	30	32	40
12	Net Patient Accounts Receivable	\$ 11,426,082	\$ 10,794,688	\$ 12,857,684
13	Due From Third Party Payers	\$0	\$0	\$0
14	Due To Third Party Payers	\$3,205,718	\$1,308,122	\$165,119
15	Total Net Patient Accounts Receivable and Third Party Payer Activity	\$ 8,220,364	\$ 9,486,566	\$ 12,692,565
16	Total Net Patient Revenue	\$99,560,103	\$107,034,385	\$115,157,319
17	Average Payment Period	61	52	51
18	Total Current Liabilities	\$16,238,799	\$14,881,417	\$16,293,781
19	Total Operating Expenses	\$101,280,277	\$109,395,647	\$121,166,696
20	Depreciation Expense	\$4,505,222	\$4,545,134	\$4,685,726
21	Total Operating Expenses less Depreciation Expense	\$96,775,055	\$104,850,513	\$116,480,970

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 385 - PARENT CORPORATION CONSOLIDATED FINANCIAL DATA ANALYSIS				
(1)	(2)	(3)	(4)	(5)
		ACTUAL	ACTUAL	ACTUAL
LINE	DESCRIPTION	<u>FY 2009</u>	<u>FY 2010</u>	<u>FY 2011</u>
E.	<u>Solvency Measures Summary</u>			
1	<u>Equity Financing Ratio</u>	29.1	24.7	22.5
2	Total Net Assets	\$22,735,253	\$19,209,337	\$18,323,663
3	Total Assets	\$78,196,274	\$77,662,469	\$81,381,008
4	<u>Cash Flow to Total Debt Ratio</u>	17.1	21.2	13.4
5	Excess/(Deficiency) of Revenues Over Expenses	\$604,893	\$1,738,817	(\$181,893)
6	Depreciation Expense	\$4,505,222	\$4,545,134	\$4,685,726
7	Excess of Revenues Over Expenses and Depreciation Expense	\$5,110,115	\$6,283,951	\$4,503,833
8	Total Current Liabilities	\$16,238,799	\$14,881,417	\$16,293,781
9	Total Long Term Debt	\$13,620,000	\$14,691,107	\$17,263,764
10	Total Current Liabilities and Total Long Term Debt	\$29,858,799	\$29,572,524	\$33,557,545
11	<u>Long Term Debt to Capitalization Ratio</u>	37.5	43.3	48.5
12	Total Long Term Debt	\$13,620,000	\$14,691,107	\$17,263,764
13	Total Net Assets	\$22,735,253	\$19,209,337	\$18,323,663
14	Total Long Term Debt and Total Net Assets	\$36,355,253	\$33,900,444	\$35,587,427

DAY KIMBALL HOSPITAL								
TWELVE MONTHS ACTUAL FILING								
FISCAL YEAR 2011								
REPORT 400 - HOSPITAL INPATIENT BED UTILIZATION BY DEPARTMENT								
(1)	(2)	(3)	3(a)	3(b)	(4)	(5)	(6)	(7)
			DISCHARGES				OCCUPANCY	OCCUPANCY
		PATIENT	OR ICU/CCU	ADMISSIONS	STAFFED	AVAILABLE	OF STAFFED	OF AVAILABLE
<u>LINE</u>	<u>DESCRIPTION</u>	<u>DAYS</u>	<u># PATIENT</u>		<u>BEDS (A)</u>	<u>BEDS</u>	<u>BEDS (A)</u>	<u>BEDS</u>
1	Adult Medical/Surgical	11,160	3,165	3,197	44	72	69.5%	42.5%
2	ICU/CCU (Excludes Neonatal ICU)	479	64	0	6	9	21.9%	14.6%
3	Psychiatric: Ages 0 to 17	0	0	0	0	0	0.0%	0.0%
4	Psychiatric: Ages 18+	4,097	685	714	14	15	80.2%	74.8%
	TOTAL PSYCHIATRIC	4,097	685	714	14	15	80.2%	74.8%
5	Rehabilitation	0	0	0	0	0	0.0%	0.0%
6	Maternity	1,339	529	551	4	8	91.7%	45.9%
7	Newborn	1,295	541	559	4	18	88.7%	19.7%
8	Neonatal ICU	0	0	0	0	0	0.0%	0.0%
9	Pediatric	48	24	23	0	0	0.0%	0.0%
10	Other	0	238	130	0	0	0.0%	0.0%
	TOTAL EXCLUDING NEWBORN	17,123	4,641	4,615	68	104	69.0%	45.1%
	TOTAL INPATIENT BED UTILIZATION	18,418	5,182	5,174	72	122	70.1%	41.4%
	TOTAL INPATIENT REPORTED YEAR	18,418	5,182	5,174	72	122	70.1%	41.4%
	TOTAL INPATIENT PRIOR YEAR	18,876	0	0	72	122	71.8%	42.4%
	DIFFERENCE #: REPORTED VS. PRIOR YEAR	-458	5,182	5,174	0	0	-1.7%	-1.0%
	DIFFERENCE %: REPORTED VS. PRIOR YEAR	-2%	0%	0%	0%	0%	-2%	-2%
	Total Licensed Beds and Bassinets	122						
(A) This number may not exceed the number of available beds for each department or in total.								

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. CT Scans (A)					
1	Inpatient Scans	2,073	1,818	-255	-12%
2	Outpatient Scans (Excluding Emergency Department Scans)	9,186	3,359	-5,827	-63%
3	Emergency Department Scans	0	4,339	4,339	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total CT Scans	11,259	9,516	-1,743	-15%
B. MRI Scans (A)					
1	Inpatient Scans	499	485	-14	-3%
2	Outpatient Scans (Excluding Emergency Department Scans)	4,212	4,444	232	6%
3	Emergency Department Scans	0	165	165	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total MRI Scans	4,711	5,094	383	8%
C. PET Scans (A)					
1	Inpatient Scans	1	1	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	195	152	-43	-22%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET Scans	196	153	-43	-22%
D. PET/CT Scans (A)					
1	Inpatient Scans	0	0	0	0%
2	Outpatient Scans (Excluding Emergency Department Scans)	0	0	0	0%
3	Emergency Department Scans	0	0	0	0%
4	Other Non-Hospital Providers' Scans (A)	0	0	0	0%
	Total PET/CT Scans	0	0	0	0%
(A) If the Hospital is not the primary provider of these scans, the Hospital must obtain the fiscal year volume of each of these types of scans from the primary provider of the scans.					
E. Linear Accelerator Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Linear Accelerator Procedures	0	0	0	0%
F. Cardiac Catheterization Procedures					
1	Inpatient Procedures	0	0	0	0%
2	Outpatient Procedures	0	0	0	0%
	Total Cardiac Catheterization Procedures	0	0	0	0%
G. Cardiac Angioplasty Procedures					
1	Primary Procedures	0	0	0	0%
2	Elective Procedures	0	0	0	0%
	Total Cardiac Angioplasty Procedures	0	0	0	0%
H. Electrophysiology Studies					
1	Inpatient Studies	0	0	0	0%
2	Outpatient Studies	0	0	0	0%
	Total Electrophysiology Studies	0	0	0	0%
I. Surgical Procedures					
1	Inpatient Surgical Procedures	788	711	-77	-10%
2	Outpatient Surgical Procedures	2,996	3,057	61	2%
	Total Surgical Procedures	3,784	3,768	-16	0%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 450 - HOSPITAL INPATIENT AND OUTPATIENT OTHER SERVICES UTILIZATION AND FTEs					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
J. Endoscopy Procedures					
1	Inpatient Endoscopy Procedures	0	181	181	0%
2	Outpatient Endoscopy Procedures	2,630	3,446	816	31%
	Total Endoscopy Procedures	2,630	3,627	997	38%
K. Hospital Emergency Room Visits					
1	Emergency Room Visits: Treated and Admitted	3,604	3,521	-83	-2%
2	Emergency Room Visits: Treated and Discharged	28,650	25,284	-3,366	-12%
	Total Emergency Room Visits	32,254	28,805	-3,449	-11%
L. Hospital Clinic Visits					
1	Substance Abuse Treatment Clinic Visits	0	0	0	0%
2	Dental Clinic Visits	0	0	0	0%
3	Psychiatric Clinic Visits	7,573	6,918	-655	-9%
4	Medical Clinic Visits	0	0	0	0%
5	Specialty Clinic Visits	56,597	53,139	-3,458	-6%
	Total Hospital Clinic Visits	64,170	60,057	-4,113	-6%
M. Other Hospital Outpatient Visits					
1	Rehabilitation (PT/OT/ST)	28,574	79,151	50,577	177%
2	Cardiology	3,587	3,493	-94	-3%
3	Chemotherapy	853	674	-179	-21%
4	Gastroenterology	2,630	3,446	816	31%
5	Other Outpatient Visits	173,040	140,911	-32,129	-19%
	Total Other Hospital Outpatient Visits	208,684	227,675	18,991	9%
N. Hospital Full Time Equivalent Employees					
1	Total Nursing FTEs	248.0	259.3	11.3	5%
2	Total Physician FTEs	15.4	18.1	2.7	18%
3	Total Non-Nursing and Non-Physician FTEs	511.4	525.4	14.0	3%
	Total Hospital Full Time Equivalent Employees	774.8	802.8	28.0	4%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 485 - HOSPITAL OUTPATIENT SURGICAL, ENDOSCOPY AND EMERGENCY ROOM SERVICES BY LOCATION					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Outpatient Surgical Procedures					
1	Day Kimball Hospital	2,996	3,057	61	2%
	Total Outpatient Surgical Procedures(A)	2,996	3,057	61	2%
B. Outpatient Endoscopy Procedures					
1	Day Kimball Hospital	2,630	3,446	816	31%
	Total Outpatient Endoscopy Procedures(B)	2,630	3,446	816	31%
C. Outpatient Hospital Emergency Room Visits					
1	Day Kimball Hospital	28,650	25,284	-3,366	-12%
	Total Outpatient Hospital Emergency Room Visits(C)	28,650	25,284	-3,366	-12%
(A) Must agree with Total Outpatient Surgical Procedures on Report 450.					
(B) Must agree with Total Outpatient Endoscopy Procedures on Report 450.					
(C) Must agree with Emergency Room Visits Treated and Discharged on Report 450.					

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
I. DATA BY MAJOR PAYER CATEGORY					
A. MEDICARE					
MEDICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$28,346,683	\$29,781,665	\$1,434,982	5%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$18,684,382	\$19,521,934	\$837,552	4%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	65.91%	65.55%	-0.36%	-1%
4	DISCHARGES	2,334	2,368	34	1%
5	CASE MIX INDEX (CMI)	1.02350	1.05360	0.03010	3%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	2,388,84900	2,494,92480	106,07580	4%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$7,821.50	\$7,824.66	\$3.16	0%
8	PATIENT DAYS	9,522	9,528	6	0%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,962.23	\$2,048.90	\$86.67	4%
10	AVERAGE LENGTH OF STAY	4.1	4.0	(0.1)	-1%
MEDICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$36,390,387	\$41,182,256	\$4,791,869	13%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$17,477,474	\$18,999,796	\$1,522,322	9%
13	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	48.03%	46.14%	-1.89%	-4%
14	OUTPATIENT CHARGES / INPATIENT CHARGES	128.38%	138.28%	9.90%	8%
15	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,996,29989	3,274,48389	278,18399	9%
16	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,833.02	\$5,802.38	(\$30.64)	-1%
MEDICARE TOTALS (INPATIENT + OUTPATIENT)					
17	TOTAL ACCRUED CHARGES	\$64,737,070	\$70,963,921	\$6,226,851	10%
18	TOTAL ACCRUED PAYMENTS	\$36,161,856	\$38,521,730	\$2,359,874	7%
19	TOTAL ALLOWANCES	\$28,575,214	\$32,442,191	\$3,866,977	14%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
B. NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)					
NON-GOVERNMENT INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$15,157,306	\$15,753,042	\$595,736	4%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$8,782,544	\$9,666,956	\$884,412	10%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	57.94%	61.37%	3.42%	6%
4	DISCHARGES	1,726	1,542	(184)	-11%
5	CASE MIX INDEX (CMI)	0.82930	1.13800	0.30870	37%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	1,431.37180	1,754.79600	323.42420	23%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,135.75	\$5,508.88	(\$626.88)	-10%
8	MEDICARE - NON-GOVERNMENT IP PMT / CMAD	\$1,685.75	\$2,315.78	\$630.03	37%
9	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,412,930	\$4,063,723	\$1,650,793	68%
10	PATIENT DAYS	5,637	4,621	(1,016)	-18%
11	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,558.02	\$2,091.96	\$533.94	34%
12	AVERAGE LENGTH OF STAY	3.3	3.0	(0.3)	-8%
NON-GOVERNMENT OUTPATIENT					
13	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$57,225,261	\$61,741,157	\$4,515,896	8%
14	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$38,664,834	\$37,436,730	(\$1,228,104)	-3%
15	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	67.57%	60.63%	-6.93%	-10%
16	OUTPATIENT CHARGES / INPATIENT CHARGES	377.54%	391.93%	14.39%	4%
17	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	6,516.38230	6,043.58600	(472.79630)	-7%
18	OUTPATIENT ACCRUED PAYMENTS / OPED	\$5,933.48	\$6,194.46	\$260.97	4%
19	MEDICARE - NON-GOVERNMENT OP PMT / OPED	(\$100.46)	(\$392.08)	(\$291.61)	290%
20	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	(\$654,653)	(\$2,369,555)	(\$1,714,902)	262%
NON-GOVERNMENT TOTALS (INPATIENT + OUTPATIENT)					
21	TOTAL ACCRUED CHARGES	\$72,382,567	\$77,494,199	\$5,111,632	7%
22	TOTAL ACCRUED PAYMENTS	\$47,447,378	\$47,103,686	(\$343,692)	-1%
23	TOTAL ALLOWANCES	\$24,935,189	\$30,390,513	\$5,455,324	22%
24	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,758,278	\$1,694,169	(\$64,109)	-4%
NON-GOVERNMENT CONTRACTUAL ALLOWANCES (NGCA) DATA					
25	ACCRUED CHARGES ASSOCIATED WITH NGCA	\$72,119,402	\$77,494,168	\$5,374,766	7%
26	ACCRUED PAYMENTS ASSOCIATED WITH NGCA (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$47,838,937	\$47,103,685	(\$735,252)	-2%
27	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$24,280,465	\$30,390,483	\$6,110,018	25%
28	TOTAL ACTUAL DISCOUNT PERCENTAGE	33.67%	39.22%	5.55%	

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
C.	<u>UNINSURED</u>				
	<u>UNINSURED INPATIENT</u>				
1	INPATIENT ACCRUED CHARGES	\$1,207,338	\$769,040	(\$438,298)	-36%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$50,266	\$41,964	(\$8,302)	-17%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	4.16%	5.46%	1.29%	31%
4	DISCHARGES	81	69	(12)	-15%
5	CASE MIX INDEX (CMI)	0.85670	0.76760	(0.08910)	-10%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	69.39270	52.96440	(16.42830)	-24%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$724.37	\$792.31	\$67.94	9%
8	NON-GOVERNMENT - UNINSURED IP PMT / CMAD	\$5,411.38	\$4,716.57	(\$694.81)	-13%
9	MEDICARE - UNINSURED IP PMT / CMAD	\$7,097.13	\$7,032.35	(\$64.78)	-1%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$492,489	\$372,464	(\$120,025)	-24%
11	PATIENT DAYS	348	183	(165)	-47%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$144.44	\$229.31	\$84.87	59%
13	AVERAGE LENGTH OF STAY	4.3	2.7	(1.6)	-38%
	<u>UNINSURED OUTPATIENT</u>				
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$2,592,162	\$2,849,694	\$257,532	10%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$125,390	\$128,404	\$3,014	2%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	4.84%	4.51%	-0.33%	-7%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	214.70%	370.55%	155.85%	73%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	173.90749	255.68096	81.77347	47%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$721.02	\$502.20	(\$218.81)	-30%
20	NON-GOVERNMENT - UNINSURED OP PMT / OPED	\$5,212.47	\$5,692.25	\$479.79	9%
21	MEDICARE - UNINSURED OP PMT / OPED	\$5,112.00	\$5,300.17	\$188.17	4%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$889,016	\$1,355,154	\$466,138	52%
	<u>UNINSURED TOTALS (INPATIENT AND OUTPATIENT)</u>				
23	TOTAL ACCRUED CHARGES	\$3,799,500	\$3,618,734	(\$180,766)	-5%
24	TOTAL ACCRUED PAYMENTS	\$175,656	\$170,368	(\$5,288)	-3%
25	TOTAL ALLOWANCES	\$3,623,844	\$3,448,366	(\$175,478)	-5%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$1,381,505	\$1,727,618	\$346,113	25%

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
D. STATE OF CONNECTICUT MEDICAID					
MEDICAID INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$9,213,745	\$10,075,529	\$861,784	9%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,241,450	\$4,978,426	\$736,976	17%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	46.03%	49.41%	3.38%	7%
4	DISCHARGES	1,050	1,240	190	18%
5	CASE MIX INDEX (CMI)	0.82310	0.69320	(0.12990)	-16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	864.25500	859.56800	(4.68700)	-1%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,907.64	\$5,791.78	\$884.14	18%
8	NON-GOVERNMENT - MEDICAID IP PMT / CMAD	\$1,228.12	(\$282.90)	(\$1,511.02)	-123%
9	MEDICARE - MEDICAID IP PMT / CMAD	\$2,913.86	\$2,032.88	(\$880.98)	-30%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,518,320	\$1,747,400	(\$770,920)	-31%
11	PATIENT DAYS	3,447	4,183	736	21%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,230.48	\$1,190.16	(\$40.32)	-3%
13	AVERAGE LENGTH OF STAY	3.3	3.4	0.1	3%
MEDICAID OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$18,204,386	\$24,110,696	\$5,906,310	32%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,156,747	\$10,301,573	\$3,144,826	44%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	39.31%	42.73%	3.41%	9%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	197.58%	239.30%	41.72%	21%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,074.57503	2,967.31447	892.73945	43%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,449.74	\$3,471.68	\$21.94	1%
20	NON-GOVERNMENT - MEDICAID OP PMT / OPED	\$2,483.74	\$2,722.77	\$239.03	10%
21	MEDICARE - MEDICAID OP PMT / OPED	\$2,383.28	\$2,330.70	(\$52.58)	-2%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$4,944,288	\$6,915,910	\$1,971,621	40%
MEDICAID TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$27,418,131	\$34,186,225	\$6,768,094	25%
24	TOTAL ACCRUED PAYMENTS	\$11,398,197	\$15,279,999	\$3,881,802	34%
25	TOTAL ALLOWANCES	\$16,019,934	\$18,906,226	\$2,886,292	18%
26	TOTAL UPPER LIMIT (OVER) / UNDERPAYMENT	\$7,462,609	\$8,663,310	\$1,200,701	16%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
E. OTHER MEDICAL ASSISTANCE (O.M.A.)					
OTHER MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$1,096,386	\$0	(\$1,096,386)	-100%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$246,767	\$0	(\$246,767)	-100%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	22.51%	0.00%	-22.51%	-100%
4	DISCHARGES	46	-	(46)	-100%
5	CASE MIX INDEX (CMI)	0.82310	0.00000	(0.82310)	-100%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	37.86260	0.00000	(37.86260)	-100%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$6,517.43	\$0.00	(\$6,517.43)	-100%
8	NON-GOVERNMENT - O.M.A. IP PMT / CMAD	(\$381.68)	\$5,508.88	\$5,890.56	-1543%
9	MEDICARE - O.M.A. IP PMT / CMAD	\$1,304.07	\$7,824.66	\$6,520.59	500%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$49,375	\$0	(\$49,375)	-100%
11	PATIENT DAYS	165	0	(165)	-100%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,495.56	\$0.00	(\$1,495.56)	-100%
13	AVERAGE LENGTH OF STAY	3.6	-	(3.6)	-100%
OTHER MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,824,513	\$0	(\$1,824,513)	-100%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$318,194	\$0	(\$318,194)	-100%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	17.44%	0.00%	-17.44%	-100%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	166.41%	0.00%	-166.41%	-100%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	76.54932	0.00000	(76.54932)	-100%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$4,156.72	\$0.00	(\$4,156.72)	-100%
20	NON-GOVERNMENT - O.M.A. OP PMT / CMAD	\$1,776.76	\$6,194.46	\$4,417.69	249%
21	MEDICARE - O.M.A. OP PMT / CMAD	\$1,676.30	\$5,802.38	\$4,126.08	246%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$128,320	\$0	(\$128,320)	-100%
OTHER MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$2,920,899	\$0	(\$2,920,899)	-100%
24	TOTAL ACCRUED PAYMENTS	\$564,961	\$0	(\$564,961)	-100%
25	TOTAL ALLOWANCES	\$2,355,938	\$0	(\$2,355,938)	-100%
26	TOTAL OTHER MEDICAL ASSISTANCE UPPER LIMIT UNDERPAYMENT	\$177,695	\$0	(\$177,695)	-100%

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AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
F. TOTAL MEDICAL ASSISTANCE (MEDICAID + OTHER MEDICAL ASSISTANCE)					
TOTAL MEDICAL ASSISTANCE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$10,310,131	\$10,075,529	(\$234,602)	-2%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$4,488,217	\$4,978,426	\$490,209	11%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	43.53%	49.41%	5.88%	14%
4	DISCHARGES	1,096	1,240	144	13%
5	CASE MIX INDEX (CMI)	0.82310	0.69320	(0.12990)	-16%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	902.11760	859.56800	(42.54960)	-5%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$4,975.20	\$5,791.78	\$816.58	16%
8	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$1,160.55	(\$282.90)	(\$1,443.45)	-124%
9	MEDICARE - TOTAL MEDICAL ASSISTANCE IP PMT / CMAD	\$2,846.30	\$2,032.88	(\$813.42)	-29%
10	INPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$2,567,696	\$1,747,400	(\$820,296)	-32%
11	PATIENT DAYS	3,612	4,183	571	16%
12	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,242.58	\$1,190.16	(\$52.43)	-4%
13	AVERAGE LENGTH OF STAY	3.3	3.4	0.1	2%
TOTAL MEDICAL ASSISTANCE OUTPATIENT					
14	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$20,028,899	\$24,110,696	\$4,081,797	20%
15	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$7,474,941	\$10,301,573	\$2,826,632	38%
16	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	37.32%	42.73%	5.41%	14%
17	OUTPATIENT CHARGES / INPATIENT CHARGES	194.26%	239.30%	45.04%	23%
18	OUTPATIENT EQUIVALENT DISCHARGES (OPED)	2,151.12434	2,967.31447	816.19013	38%
19	OUTPATIENT ACCRUED PAYMENTS / OPED	\$3,474.90	\$3,471.68	(\$3.22)	0%
20	NON-GOVERNMENT - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,458.58	\$2,722.77	\$264.19	11%
21	MEDICARE - TOTAL MEDICAL ASSISTANCE OP PMT / OPED	\$2,358.12	\$2,330.70	(\$27.42)	-1%
22	OUTPATIENT UPPER LIMIT (OVER) / UNDERPAYMENT	\$5,072,608	\$6,915,910	\$1,843,302	36%
TOTAL MEDICAL ASSISTANCE TOTALS (INPATIENT + OUTPATIENT)					
23	TOTAL ACCRUED CHARGES	\$30,339,030	\$34,186,225	\$3,847,195	13%
24	TOTAL ACCRUED PAYMENTS	\$11,963,158	\$15,279,999	\$3,316,841	28%
25	TOTAL ALLOWANCES	\$18,375,872	\$18,906,226	\$530,354	3%

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		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
G. CHAMPUS / TRICARE					
CHAMPUS / TRICARE INPATIENT					
1	INPATIENT ACCRUED CHARGES	\$306,112	\$236,963	(\$69,149)	-23%
2	INPATIENT ACCRUED PAYMENTS (IP PMT)	\$179,806	\$102,259	(\$77,547)	-43%
3	INPATIENT PAYMENTS / INPATIENT CHARGES	58.74%	43.15%	-15.58%	-27%
4	DISCHARGES	46	32	(14)	-30%
5	CASE MIX INDEX (CMI)	0.66580	0.55510	(0.11070)	-17%
6	CASE MIX ADJUSTED DISCHARGES (CMAD)	30.62680	17.76320	(12.86360)	-42%
7	INPATIENT ACCRUED PAYMENT / CMAD	\$5,870.87	\$5,756.79	(\$114.08)	-2%
8	PATIENT DAYS	105	86	(19)	-18%
9	INPATIENT ACCRUED PAYMENT / PATIENT DAY	\$1,712.44	\$1,189.06	(\$523.38)	-31%
10	AVERAGE LENGTH OF STAY	2.3	2.7	0.4	18%
CHAMPUS / TRICARE OUTPATIENT					
11	OUTPATIENT ACCRUED CHARGES (OP CHGS)	\$1,082,313	\$1,117,683	\$35,370	3%
12	OUTPATIENT ACCRUED PAYMENTS (OP PMT)	\$542,788	\$515,570	(\$27,218)	-5%
CHAMPUS / TRICARE TOTALS (INPATIENT + OUTPATIENT)					
13	TOTAL ACCRUED CHARGES	\$1,388,425	\$1,354,646	(\$33,779)	-2%
14	TOTAL ACCRUED PAYMENTS	\$722,594	\$617,829	(\$104,765)	-14%
15	TOTAL ALLOWANCES	\$665,831	\$736,817	\$70,986	11%
H. OTHER DATA					
1	OTHER OPERATING REVENUE	\$2,972,027	\$3,673,638	\$701,611	24%
2	TOTAL OPERATING EXPENSES	\$100,411,939	\$108,436,817	\$8,024,878	8%
3	UCP DSH PAYMENTS (Gross DSH plus Upper Limit Adjustment)	\$529,980	\$0	(\$529,980)	-100%
COST OF UNCOMPENSATED CARE (BASELINE METHODOLOGY)					
4	CHARITY CARE (CHARGES)	\$1,391,261	\$446,519	(\$944,742)	-68%
5	BAD DEBTS (CHARGES)	\$3,312,220	\$3,354,712	\$42,492	1%
6	UNCOMPENSATED CARE (CHARGES)	\$4,703,481	\$3,801,231	(\$902,250)	-19%
7	COST OF UNCOMPENSATED CARE	\$2,583,752	\$2,018,198	(\$565,554)	-22%
TOTAL MEDICAL ASSISTANCE UNDERPAYMENT (BASELINE METHODOLOGY)					
8	TOTAL ACCRUED CHARGES	\$30,339,030	\$34,186,225	\$3,847,195	13%
9	TOTAL ACCRUED PAYMENTS	\$11,963,158	\$15,279,999	\$3,316,841	28%
10	COST OF TOTAL MEDICAL ASSISTANCE	\$16,666,068	\$18,150,586	\$1,484,518	9%
11	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,702,910	\$2,870,587	(\$1,832,323)	-39%

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LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
II. AGGREGATE DATA					
A. TOTALS - ALL PAYERS					
1	TOTAL INPATIENT CHARGES	\$54,120,232	\$55,847,199	\$1,726,967	3%
2	TOTAL INPATIENT PAYMENTS	\$32,134,949	\$34,269,575	\$2,134,626	7%
3	TOTAL INPATIENT PAYMENTS / CHARGES	59.38%	61.36%	1.99%	3%
4	TOTAL DISCHARGES	5,202	5,182	(20)	0%
5	TOTAL CASE MIX INDEX	0.91368	0.98940	0.07572	8%
6	TOTAL CASE MIX ADJUSTED DISCHARGES	4,752.96520	5,127.05200	374.08680	8%
7	TOTAL OUTPATIENT CHARGES	\$114,726,860	\$128,151,792	\$13,424,932	12%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	211.99%	229.47%	17.48%	8%
9	TOTAL OUTPATIENT PAYMENTS	\$64,160,037	\$67,253,669	\$3,093,632	5%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	55.92%	52.48%	-3.44%	-6%
11	TOTAL CHARGES	\$168,847,092	\$183,998,991	\$15,151,899	9%
12	TOTAL PAYMENTS	\$96,294,986	\$101,523,244	\$5,228,258	5%
13	TOTAL PAYMENTS / TOTAL CHARGES	57.03%	55.18%	-1.85%	-3%
14	PATIENT DAYS	18,876	18,418	(458)	-2%
B. TOTALS - ALL GOVERNMENT PAYERS					
1	INPATIENT CHARGES	\$38,962,926	\$40,094,157	\$1,131,231	3%
2	INPATIENT PAYMENTS	\$23,352,405	\$24,602,619	\$1,250,214	5%
3	GOVT. INPATIENT PAYMENTS / CHARGES	59.93%	61.36%	1.43%	2%
4	DISCHARGES	3,476	3,640	164	5%
5	CASE MIX INDEX	0.95558	0.92644	(0.02914)	-3%
6	CASE MIX ADJUSTED DISCHARGES	3,321.59340	3,372.25600	50.66260	2%
7	OUTPATIENT CHARGES	\$57,501,599	\$66,410,635	\$8,909,036	15%
8	OUTPATIENT CHARGES / INPATIENT CHARGES	147.58%	165.64%	18.06%	12%
9	OUTPATIENT PAYMENTS	\$25,495,203	\$29,816,939	\$4,321,736	17%
10	OUTPATIENT PAYMENTS / OUTPATIENT CHARGES	44.34%	44.90%	0.56%	1%
11	TOTAL CHARGES	\$96,464,525	\$106,504,792	\$10,040,267	10%
12	TOTAL PAYMENTS	\$48,847,608	\$54,419,558	\$5,571,950	11%
13	TOTAL PAYMENTS / CHARGES	50.64%	51.10%	0.46%	1%
14	PATIENT DAYS	13,239	13,797	558	4%
15	TOTAL GOVERNMENT DEDUCTIONS	\$47,616,917	\$52,085,234	\$4,468,317	9%
C. AVERAGE LENGTH OF STAY					
1	MEDICARE	4.1	4.0	(0.1)	-1%
2	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.0	(0.3)	-8%
3	UNINSURED	4.3	2.7	(1.6)	-38%
4	MEDICAID	3.3	3.4	0.1	3%
5	OTHER MEDICAL ASSISTANCE	3.6	-	(3.6)	-100%
6	CHAMPUS / TRICARE	2.3	2.7	0.4	18%
7	TOTAL AVERAGE LENGTH OF STAY	3.6	3.6	(0.1)	-2%

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT FORM 500 - CALCULATION OF DSH UPPER PAYMENT LIMIT					
AND BASELINE UNDERPAYMENT DATA: COMPARATIVE ANALYSIS					
		ACTUAL	ACTUAL	AMOUNT	%
LINE	DESCRIPTION	FY 2010	FY 2011	DIFFERENCE	DIFFERENCE
III. DATA USED IN BASELINE UNDERPAYMENT CALCULATION					
1	TOTAL CHARGES	\$168,847,092	\$183,998,991	\$15,151,899	9%
2	TOTAL GOVERNMENT DEDUCTIONS	\$47,616,917	\$52,085,234	\$4,468,317	9%
3	UNCOMPENSATED CARE	\$4,703,481	\$3,801,231	(\$902,250)	
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$24,280,465	\$30,390,483	\$6,110,018	25%
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$23,831	\$30,954	\$7,123	30%
6	TOTAL ADJUSTMENTS	\$76,624,694	\$86,307,902	\$9,683,208	13%
7	TOTAL ACCRUED PAYMENTS	\$92,222,398	\$97,691,089	\$5,468,691	6%
8	UCP DSH PYMTS. (Gross DSH+Upper Limit Adj.- OHCA Input)	\$529,980	\$0	(\$529,980)	-100%
9	NET REVENUE USED TO CALCULATE DSH FUTURE PYMNTS.	\$92,752,378	\$97,691,089	\$4,938,711	5%
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5493276603	0.5309327430	(0.0183949173)	-3%
11	COST OF UNCOMPENSATED CARE	\$2,583,752	\$2,018,198	(\$565,554)	-22%
12	MEDICAL ASSISTANCE (OVER) / UNDERPAYMENT	\$4,702,910	\$2,870,587	(\$1,832,323)	-39%
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0	0%
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$7,286,663	\$4,888,785	(\$2,397,877)	-33%
IV. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)					
1	MEDICAID	\$4,944,288	\$6,915,910	\$1,971,621	40%
2	OTHER MEDICAL ASSISTANCE	\$177,695	\$0	(\$177,695)	-100%
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,381,505	\$1,727,618	\$346,113	25%
4	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$6,503,488	\$8,643,528	\$2,140,040	33%
V. DATA USED IN RECONCILIATIONS IN REPORTS 550 AND 600					
1	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,510,423	\$4,357,510	\$847,087	24.13%
2	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED NET REVENUE	\$3,826,990	\$4,877,028	\$1,050,038	27.44%
3	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$100,651,954	\$106,400,269	\$5,748,315	5.71%
4	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0	0.00%
5	GROSS REVENUE FROM HOSP.AUDIT. FINANCIAL STATEMENTS	\$168,847,093	\$183,998,961	\$15,151,868	8.97%
6	PLUS/MINUS OTHER ADJUST. TO OHCA DEFINED UNCOMP. CARE	\$64,679	\$80,468	\$15,789	24.41%
7	UNCOMP. CARE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS	\$4,768,160	\$3,881,699	(\$886,461)	-18.59%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
I. ACCRUED CHARGES AND PAYMENTS				
A. INPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,157,306	\$15,753,042	\$595,736
2	MEDICARE	\$28,346,683	29,781,665	\$1,434,982
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$10,310,131	10,075,529	(\$234,602)
4	MEDICAID	\$9,213,745	10,075,529	\$861,784
5	OTHER MEDICAL ASSISTANCE	\$1,096,386	0	(\$1,096,386)
6	CHAMPUS / TRICARE	\$306,112	236,963	(\$69,149)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,207,338	769,040	(\$438,298)
	TOTAL INPATIENT GOVERNMENT CHARGES	\$38,962,926	\$40,094,157	\$1,131,231
	TOTAL INPATIENT CHARGES	\$54,120,232	\$55,847,199	\$1,726,967
B. OUTPATIENT ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$57,225,261	\$61,741,157	\$4,515,896
2	MEDICARE	\$36,390,387	41,182,256	\$4,791,869
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$20,028,899	24,110,696	\$4,081,797
4	MEDICAID	\$18,204,386	24,110,696	\$5,906,310
5	OTHER MEDICAL ASSISTANCE	\$1,824,513	0	(\$1,824,513)
6	CHAMPUS / TRICARE	\$1,082,313	1,117,683	\$35,370
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$2,592,162	2,849,694	\$257,532
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$57,501,599	\$66,410,635	\$8,909,036
	TOTAL OUTPATIENT CHARGES	\$114,726,860	\$128,151,792	\$13,424,932
C. TOTAL ACCRUED CHARGES				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$72,382,567	\$77,494,199	\$5,111,632
2	TOTAL MEDICARE	\$64,737,070	\$70,963,921	\$6,226,851
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$30,339,030	\$34,186,225	\$3,847,195
4	TOTAL MEDICAID	\$27,418,131	\$34,186,225	\$6,768,094
5	TOTAL OTHER MEDICAL ASSISTANCE	\$2,920,899	\$0	(\$2,920,899)
6	TOTAL CHAMPUS / TRICARE	\$1,388,425	\$1,354,646	(\$33,779)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$3,799,500	\$3,618,734	(\$180,766)
	TOTAL GOVERNMENT CHARGES	\$96,464,525	\$106,504,792	\$10,040,267
	TOTAL CHARGES	\$168,847,092	\$183,998,991	\$15,151,899
D. INPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$8,782,544	\$9,666,956	\$884,412
2	MEDICARE	\$18,684,382	19,521,934	\$837,552
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,488,217	4,978,426	\$490,209
4	MEDICAID	\$4,241,450	4,978,426	\$736,976
5	OTHER MEDICAL ASSISTANCE	\$246,767	0	(\$246,767)
6	CHAMPUS / TRICARE	\$179,806	102,259	(\$77,547)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$50,266	41,964	(\$8,302)
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$23,352,405	\$24,602,619	\$1,250,214
	TOTAL INPATIENT PAYMENTS	\$32,134,949	\$34,269,575	\$2,134,626
E. OUTPATIENT ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$38,664,834	\$37,436,730	(\$1,228,104)
2	MEDICARE	\$17,477,474	18,999,796	\$1,522,322
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$7,474,941	10,301,573	\$2,826,632
4	MEDICAID	\$7,156,747	10,301,573	\$3,144,826
5	OTHER MEDICAL ASSISTANCE	\$318,194	0	(\$318,194)
6	CHAMPUS / TRICARE	\$542,788	515,570	(\$27,218)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$125,390	128,404	\$3,014
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$25,495,203	\$29,816,939	\$4,321,736
	TOTAL OUTPATIENT PAYMENTS	\$64,160,037	\$67,253,669	\$3,093,632
F. TOTAL ACCRUED PAYMENTS				
1	TOTAL NONGOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$47,447,378	\$47,103,686	(\$343,692)
2	TOTAL MEDICARE	\$36,161,856	\$38,521,730	\$2,359,874
3	TOTAL MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$11,963,158	\$15,279,999	\$3,316,841
4	TOTAL MEDICAID	\$11,398,197	\$15,279,999	\$3,881,802
5	TOTAL OTHER MEDICAL ASSISTANCE	\$564,961	\$0	(\$564,961)
6	TOTAL CHAMPUS / TRICARE	\$722,594	\$617,829	(\$104,765)
7	TOTAL UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$175,656	\$170,368	(\$5,288)
	TOTAL GOVERNMENT PAYMENTS	\$48,847,608	\$54,419,558	\$5,571,950
	TOTAL PAYMENTS	\$96,294,986	\$101,523,244	\$5,228,258

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
II. PAYER MIX				
A. INPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	8.98%	8.56%	-0.42%
2	MEDICARE	16.79%	16.19%	-0.60%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	6.11%	5.48%	-0.63%
4	MEDICAID	5.46%	5.48%	0.02%
5	OTHER MEDICAL ASSISTANCE	0.65%	0.00%	-0.65%
6	CHAMPUS / TRICARE	0.18%	0.13%	-0.05%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.72%	0.42%	-0.30%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	23.08%	21.79%	-1.29%
	TOTAL INPATIENT PAYER MIX	32.05%	30.35%	-1.70%
B. OUTPATIENT PAYER MIX BASED ON ACCRUED CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	33.89%	33.56%	-0.34%
2	MEDICARE	21.55%	22.38%	0.83%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	11.86%	13.10%	1.24%
4	MEDICAID	10.78%	13.10%	2.32%
5	OTHER MEDICAL ASSISTANCE	1.08%	0.00%	-1.08%
6	CHAMPUS / TRICARE	0.64%	0.61%	-0.03%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	1.54%	1.55%	0.01%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	34.06%	36.09%	2.04%
	TOTAL OUTPATIENT PAYER MIX	67.95%	69.65%	1.70%
	TOTAL PAYER MIX BASED ON ACCRUED CHARGES	100.00%	100.00%	0.00%
C. INPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	9.12%	9.52%	0.40%
2	MEDICARE	19.40%	19.23%	-0.17%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4.66%	4.90%	0.24%
4	MEDICAID	4.40%	4.90%	0.50%
5	OTHER MEDICAL ASSISTANCE	0.26%	0.00%	-0.26%
6	CHAMPUS / TRICARE	0.19%	0.10%	-0.09%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.05%	0.04%	-0.01%
	TOTAL INPATIENT GOVERNMENT PAYER MIX	24.25%	24.23%	-0.02%
	TOTAL INPATIENT PAYER MIX	33.37%	33.76%	0.38%
D. OUTPATIENT PAYER MIX BASED ON ACCRUED PAYMENTS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	40.15%	36.88%	-3.28%
2	MEDICARE	18.15%	18.71%	0.56%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	7.76%	10.15%	2.38%
4	MEDICAID	7.43%	10.15%	2.71%
5	OTHER MEDICAL ASSISTANCE	0.33%	0.00%	-0.33%
6	CHAMPUS / TRICARE	0.56%	0.51%	-0.06%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.13%	0.13%	0.00%
	TOTAL OUTPATIENT GOVERNMENT PAYER MIX	26.48%	29.37%	2.89%
	TOTAL OUTPATIENT PAYER MIX	66.63%	66.24%	-0.38%
	TOTAL PAYER MIX BASED ON ACCRUED PAYMENTS	100.00%	100.00%	0.00%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
III. DISCHARGES, PATIENT DAYS, ALOS, CASE MIX INDEX AND OTHER REQUIRED DATA				
A. DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,726	1,542	(184)
2	MEDICARE	2,334	2,368	34
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,096	1,240	144
4	MEDICAID	1,050	1,240	190
5	OTHER MEDICAL ASSISTANCE	46	0	(46)
6	CHAMPUS / TRICARE	46	32	(14)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	81	69	(12)
	TOTAL GOVERNMENT DISCHARGES	3,476	3,640	164
	TOTAL DISCHARGES	5,202	5,182	(20)
B. PATIENT DAYS				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	5,637	4,621	(1,016)
2	MEDICARE	9,522	9,528	6
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3,612	4,183	571
4	MEDICAID	3,447	4,183	736
5	OTHER MEDICAL ASSISTANCE	165	0	(165)
6	CHAMPUS / TRICARE	105	86	(19)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	348	183	(165)
	TOTAL GOVERNMENT PATIENT DAYS	13,239	13,797	558
	TOTAL PATIENT DAYS	18,876	18,418	(458)
C. AVERAGE LENGTH OF STAY (ALOS)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	3.3	3.0	(0.3)
2	MEDICARE	4.1	4.0	(0.1)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	3.3	3.4	0.1
4	MEDICAID	3.3	3.4	0.1
5	OTHER MEDICAL ASSISTANCE	3.6	0.0	(3.6)
6	CHAMPUS / TRICARE	2.3	2.7	0.4
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.3	2.7	(1.6)
	TOTAL GOVERNMENT AVERAGE LENGTH OF STAY	3.8	3.8	(0.0)
	TOTAL AVERAGE LENGTH OF STAY	3.6	3.6	(0.1)
D. CASE MIX INDEX				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	0.82930	1.13800	0.30870
2	MEDICARE	1.02350	1.05360	0.03010
0	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.82310	0.69320	(0.12990)
4	MEDICAID	0.82310	0.69320	(0.12990)
5	OTHER MEDICAL ASSISTANCE	0.82310	0.00000	(0.82310)
6	CHAMPUS / TRICARE	0.66580	0.55510	(0.11070)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.85670	0.76760	(0.08910)
	TOTAL GOVERNMENT CASE MIX INDEX	0.95558	0.92644	(0.02914)
	TOTAL CASE MIX INDEX	0.91368	0.98940	0.07572
E. OTHER REQUIRED DATA				
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$72,119,402	\$77,494,168	\$5,374,766
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$47,838,937	\$47,103,685	(\$735,252)
	(PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)			
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$24,280,465	\$30,390,483	\$6,110,018
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	33.67%	39.22%	5.55%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$3,510,423	\$4,357,510	\$847,087
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$23,831	\$30,954	\$7,123
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT-OHCA INPUT)	\$529,980	\$0	(\$529,980)
8	CHARITY CARE	\$1,391,261	\$446,519	(\$944,742)
9	BAD DEBTS	\$3,312,220	\$3,354,712	\$42,492
10	TOTAL UNCOMPENSATED CARE	\$4,703,481	\$3,801,231	(\$902,250)
11	TOTAL OTHER OPERATING REVENUE	\$72,119,402	\$77,494,168	\$5,374,766
12	TOTAL OPERATING EXPENSES	\$100,411,939	\$108,436,817	\$8,024,878

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
IV. DSH UPPER PAYMENT LIMIT CALCULATIONS				
A. CASE MIX ADJUSTED DISCHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,431.37180	1,754.79600	323.42420
2	MEDICARE	2,388.84900	2,494.92480	106.07580
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	902.11760	859.56800	(42.54960)
4	MEDICAID	864.25500	859.56800	(4.68700)
5	OTHER MEDICAL ASSISTANCE	37.86260	0.00000	(37.86260)
6	CHAMPUS / TRICARE	30.62680	17.76320	(12.86360)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	69.39270	52.96440	(16.42830)
	TOTAL GOVERNMENT CASE MIX ADJUSTED DISCHARGES	3,321.59340	3,372.25600	50.66260
	TOTAL CASE MIX ADJUSTED DISCHARGES	4,752.96520	5,127.05200	374.08680
B. OUTPATIENT EQUIVALENT DISCHARGES CALCULATION (REVENUE METHODOLOGY)				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	6,516.38230	6,043.58600	-472.79630
2	MEDICARE	2,996.29989	3,274.48389	278.18399
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	2,151.12434	2,967.31447	816.19013
4	MEDICAID	2,074.57503	2,967.31447	892.73945
5	OTHER MEDICAL ASSISTANCE	76.54932	0.00000	-76.54932
6	CHAMPUS / TRICARE	162.64112	150.93435	-11.70677
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	173.90749	255.68096	81.77347
	TOTAL GOVERNMENT OUTPATIENT EQUIVALENT DISCHARGES	5,310.06536	6,392.73271	1,082.66735
	TOTAL OUTPATIENT EQUIVALENT DISCHARGES	11,826.44765	12,436.31871	609.87106
C. INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$6,135.75	\$5,508.88	(\$626.88)
2	MEDICARE	\$7,821.50	\$7,824.66	\$3.16
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$4,975.20	\$5,791.78	\$816.58
4	MEDICAID	\$4,907.64	\$5,791.78	\$884.14
5	OTHER MEDICAL ASSISTANCE	\$6,517.43	\$0.00	(\$6,517.43)
6	CHAMPUS / TRICARE	\$5,870.87	\$5,756.79	(\$114.08)
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$724.37	\$792.31	\$67.94
	TOTAL GOVERNMENT INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$7,030.48	\$7,295.60	\$265.11
	TOTAL INPATIENT PAYMENT PER CASE MIX ADJUSTED DISCHARGE	\$6,761.03	\$6,684.07	(\$76.96)
D. OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$5,933.48	\$6,194.46	\$260.97
2	MEDICARE	\$5,833.02	\$5,802.38	(\$30.64)
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	\$3,474.90	\$3,471.68	(\$3.22)
4	MEDICAID	\$3,449.74	\$3,471.68	\$21.94
5	OTHER MEDICAL ASSISTANCE	\$4,156.72	\$0.00	(\$4,156.72)
6	CHAMPUS / TRICARE	\$3,337.34	\$3,415.86	\$78.52
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$721.02	\$502.20	(\$218.81)
	TOTAL GOVERNMENT OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$4,801.30	\$4,664.19	(\$137.10)
	TOTAL OUTPATIENT PAYMENT PER OUTPATIENT EQUIVALENT DISCHARGE	\$5,425.13	\$5,407.84	(\$17.29)

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
V. CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)				
1	MEDICAID	\$4,944,288	\$6,915,910	\$1,971,621
2	OTHER MEDICAL ASSISTANCE	\$177,695	\$0	(\$177,695)
3	UNINSURED (INCLUDED IN NON-GOVERNMENT)	\$1,381,505	\$1,727,618	\$346,113
	TOTAL CALCULATED UNDERPAYMENT (UPPER LIMIT METHODOLOGY)	\$6,503,488	\$8,643,528	\$2,140,040
VI. CALCULATED UNDERPAYMENT BEFORE UPPER LIMIT (BASELINE METHODOLOGY)				
1	TOTAL CHARGES	\$168,847,092	\$183,998,991	\$15,151,899
2	TOTAL GOVERNMENT DEDUCTIONS	\$47,616,917	\$52,085,234	\$4,468,317
3	UNCOMPENSATED CARE	\$4,703,481	\$3,801,231	(\$902,250)
4	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$24,280,465	\$30,390,483	\$6,110,018
5	EMPLOYEE SELF INSURANCE ALLOWANCE	\$23,831	\$30,954	\$7,123
6	TOTAL ADJUSTMENTS	\$76,624,694	\$86,307,902	\$9,683,208
7	TOTAL ACCRUED PAYMENTS	\$92,222,398	\$97,691,089	\$5,468,691
8	UCP DSH PAYMENTS (OHCA INPUT)	\$529,980	\$0	(\$529,980)
9	NET REVENUE USED TO DETERMINE DSH FUTURE PAYMENTS	\$92,752,378	\$97,691,089	\$4,938,711
10	RATIO OF NET REVENUE TO TOTAL CHARGES	0.5493276603	0.5309327430	(0.0183949173)
11	COST OF UNCOMPENSATED CARE	\$2,583,752	\$2,018,198	(\$565,554)
12	MEDICAL ASSISTANCE UNDERPAYMENT	\$4,702,910	\$2,870,587	(\$1,832,323)
13	PLUS OHCA ADJUSTMENT (OHCA INPUT)	\$0	\$0	\$0
14	TOTAL COST OF UNCOMPENSATED CARE AND MEDICAL ASSISTANCE UNDERPAYMENT	\$7,286,663	\$4,888,785	(\$2,397,877)
VII. RATIOS				
A. RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	57.94%	61.37%	3.42%
2	MEDICARE	65.91%	65.55%	-0.36%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	43.53%	49.41%	5.88%
4	MEDICAID	46.03%	49.41%	3.38%
5	OTHER MEDICAL ASSISTANCE	22.51%	0.00%	-22.51%
6	CHAMPUS / TRICARE	58.74%	43.15%	-15.58%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.16%	5.46%	1.29%
	TOTAL GOVERNMENT RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	59.93%	61.36%	1.43%
	TOTAL RATIO OF INPATIENT PAYMENTS TO INPATIENT CHARGES	59.38%	61.36%	1.99%
B. RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES				
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	67.57%	60.63%	-6.93%
2	MEDICARE	48.03%	46.14%	-1.89%
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	37.32%	42.73%	5.41%
4	MEDICAID	39.31%	42.73%	3.41%
5	OTHER MEDICAL ASSISTANCE	17.44%	0.00%	-17.44%
6	CHAMPUS / TRICARE	50.15%	46.13%	-4.02%
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	4.84%	4.51%	-0.33%
	TOTAL GOVERNMENT RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	44.34%	44.90%	0.56%
	TOTAL RATIO OF OUTPATIENT PAYMENTS TO OUTPATIENT CHARGES	55.92%	52.48%	-3.44%

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 550 - CALCULATION OF DSH UPPER PAYMENT LIMIT AND				
BASELINE UNDERPAYMENT DATA				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE
VIII. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS				
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	TOTAL ACCRUED PAYMENTS	\$96,294,986	\$101,523,244	\$5,228,258
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$529,980	\$0	(\$529,980)
	OHCA DEFINED NET REVENUE	\$96,824,966	\$101,523,244	\$4,698,278
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$3,826,990	\$4,877,028	\$1,050,038
4	CALCULATED NET REVENUE	\$100,651,956	\$106,400,272	\$5,748,316
5	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$100,651,954	\$106,400,269	\$5,748,315
6	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$2	\$3	\$1
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED GROSS REVENUE	\$168,847,092	\$183,998,991	\$15,151,899
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0	\$0	\$0
	CALCULATED GROSS REVENUE	\$168,847,092	\$183,998,991	\$15,151,899
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$168,847,093	\$183,998,961	\$15,151,868
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	(\$1)	\$30	\$31
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS				
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,703,481	\$3,801,231	(\$902,250)
2	PLUS OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$64,679	\$80,468	\$15,789
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$4,768,160	\$3,881,699	(\$886,461)
3	UNCOMP. CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$4,768,160	\$3,881,699	(\$886,461)
4	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0	\$0	\$0

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
I. ACCRUED CHARGES AND PAYMENTS		
A. INPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$15,753,042
2	MEDICARE	29,781,665
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,075,529
4	MEDICAID	10,075,529
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	236,963
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	769,040
	TOTAL INPATIENT GOVERNMENT CHARGES	\$40,094,157
	TOTAL INPATIENT CHARGES	\$55,847,199
B. OUTPATIENT ACCRUED CHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$61,741,157
2	MEDICARE	41,182,256
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	24,110,696
4	MEDICAID	24,110,696
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	1,117,683
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	2,849,694
	TOTAL OUTPATIENT GOVERNMENT CHARGES	\$66,410,635
	TOTAL OUTPATIENT CHARGES	\$128,151,792
C. TOTAL ACCRUED CHARGES		
1	TOTAL NON-GOVERNMENT ACCRUED CHARGES (INCLUDING SELF PAY / UNINSURED)	\$77,494,199
2	TOTAL GOVERNMENT ACCRUED CHARGES	106,504,792
	TOTAL ACCRUED CHARGES	\$183,998,991
D. INPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$9,666,956
2	MEDICARE	19,521,934
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	4,978,426
4	MEDICAID	4,978,426
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	102,259
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	41,964
	TOTAL INPATIENT GOVERNMENT PAYMENTS	\$24,602,619
	TOTAL INPATIENT PAYMENTS	\$34,269,575
E. OUTPATIENT ACCRUED PAYMENTS		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	\$37,436,730
2	MEDICARE	18,999,796
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	10,301,573
4	MEDICAID	10,301,573
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	515,570
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	128,404
	TOTAL OUTPATIENT GOVERNMENT PAYMENTS	\$29,816,939
	TOTAL OUTPATIENT PAYMENTS	\$67,253,669
F. TOTAL ACCRUED PAYMENTS		
1	TOTAL NON-GOVERNMENT ACCRUED PAYMENTS (INCLUDING SELF PAY / UNINSURED)	\$47,103,686
2	TOTAL GOVERNMENT ACCRUED PAYMENTS	54,419,558
	TOTAL ACCRUED PAYMENTS	\$101,523,244

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
II. ACCRUED DISCHARGES, CASE MIX INDEX AND OTHER REQUIRED DATA		
A. ACCRUED DISCHARGES		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1,542
2	MEDICARE	2,368
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	1,240
4	MEDICAID	1,240
5	OTHER MEDICAL ASSISTANCE	0
6	CHAMPUS / TRICARE	32
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	69
	TOTAL GOVERNMENT DISCHARGES	3,640
	TOTAL DISCHARGES	5,182
B. CASE MIX INDEX		
1	NON-GOVERNMENT (INCLUDING SELF PAY / UNINSURED)	1.13800
2	MEDICARE	1.05360
3	MEDICAL ASSISTANCE (INCLUDING OTHER MEDICAL ASSISTANCE)	0.69320
4	MEDICAID	0.69320
5	OTHER MEDICAL ASSISTANCE	0.00000
6	CHAMPUS / TRICARE	0.55510
7	UNINSURED (INCLUDED IN NON-GOVERNMENT)	0.76760
	TOTAL GOVERNMENT CASE MIX INDEX	0.92644
	TOTAL CASE MIX INDEX	0.98940
C. OTHER REQUIRED DATA		
1	TOTAL CHARGES ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$77,494,168
2	ACCRUED PAYMENTS ASSOCIATED WITH NON-GOVERNMENT CONTRACTUAL ALLOWANCES (PRIOR TO ANY REDUCTION FOR UNCOMPENSATED CARE)	\$47,103,685
3	TOTAL NON-GOVERNMENT CONTRACTUAL ALLOWANCES	\$30,390,483
4	TOTAL ACTUAL DISCOUNT PERCENTAGE	39.22%
5	EMPLOYEE SELF INSURANCE GROSS REVENUE	\$4,357,510
6	EMPLOYEE SELF INSURANCE ALLOWANCE	\$30,954
7	UCP DSH PAYMENTS (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJUSTMENT - OHCA INPUT)	\$0
8	CHARITY CARE	\$446,519
9	BAD DEBTS	\$3,354,712
10	TOTAL UNCOMPENSATED CARE	\$3,801,231
11	TOTAL OTHER OPERATING REVENUE	\$3,673,638
12	TOTAL OPERATING EXPENSES	\$108,436,817

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 600 - SUMMARY OF DSH UPPER PAYMENT LIMIT AND BASELINE UNDERPAYMENT DATA: AGREED-UPON PROCEDURES		
(1)	(2)	(3)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2011</u>
III. NET REVENUE, GROSS REVENUE AND UNCOMPENSATED CARE RECONCILIATIONS		
A. RECONCILIATION OF OHCA DEFINED NET REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	TOTAL ACCRUED PAYMENTS	\$101,523,244
2	PLUS DSH PAYMENTS RECEIVED (GROSS DSH PAYMENTS PLUS UPPER LIMIT ADJ.) (OHCA INPUT)	\$0
	OHCA DEFINED NET REVENUE	\$101,523,244
3	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED NET REVENUE	\$4,877,028
	CALCULATED NET REVENUE	\$106,400,272
4	NET REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$106,400,269
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$3
B. RECONCILIATION OF OHCA DEFINED GROSS REVENUE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED GROSS REVENUE	\$183,998,991
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED GROSS REVENUE	\$0
	CALCULATED GROSS REVENUE	\$183,998,991
3	GROSS REVENUE FROM HOSPITAL AUDITED FINANCIAL STATEMENTS (FROM ANNUAL REPORTING)	\$183,998,961
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$30
C. RECONCILIATION OF OHCA DEFINED UNCOMP. CARE TO HOSPITAL AUDITED FIN. STATEMENTS		
1	OHCA DEFINED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,801,231
2	PLUS/(MINUS) OTHER ADJUSTMENTS TO OHCA DEFINED UNCOMPENSATED CARE	\$80,468
	CALCULATED UNCOMPENSATED CARE (CHARITY CARE AND BAD DEBTS)	\$3,881,699
3	UNCOMPENSATED CARE FROM HOSPITAL AUDITED FIN. STATEMENTS (FROM ANNUAL REPORTING)	\$3,881,699
	VARIANCE (MUST BE LESS THAN OR EQUAL TO \$500)	\$0

DAY KIMBALL HOSPITAL TWELVE MONTHS ACTUAL FILING FISCAL YEAR 2011 REPORT 650 - HOSPITAL UNCOMPENSATED CARE					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	ACTUAL FY 2010	ACTUAL FY 2011	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (from HRS Report 500)					
1	Number of Applicants	646	373	(273)	-42%
2	Number of Approved Applicants	597	324	(273)	-46%
3	Total Charges (A)	\$1,391,261	\$446,519	(\$944,742)	-68%
4	Average Charges	\$2,330	\$1,378	(\$952)	-41%
5	Ratio of Cost to Charges (RCC)	0.574777	0.584405	0.009628	2%
6	Total Cost	\$799,665	\$260,948	(\$538,717)	-67%
7	Average Cost	\$1,339	\$805	(\$534)	-40%
8	Charity Care - Inpatient Charges	\$512,232	\$146,442	(\$365,790)	-71%
9	Charity Care - Outpatient Charges (Excludes ED Charges)	451,883	144,713	(307,170)	-68%
10	Charity Care - Emergency Department Charges	427,146	155,364	(271,782)	-64%
11	Total Charges (A)	\$1,391,261	\$446,519	(\$944,742)	-68%
12	Charity Care - Number of Patient Days	269	55	(214)	-80%
13	Charity Care - Number of Discharges	74	19	(55)	-74%
14	Charity Care - Number of Outpatient ED Visits	651	262	(389)	-60%
15	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	1,041	486	(555)	-53%
B. Hospital Bad Debts (from HRS Report 500)					
1	Bad Debts - Inpatient Services	\$784,445	\$601,277	(\$183,168)	-23%
2	Bad Debts - Outpatient Services (Excludes ED Bad Debts)	629,082	767,121	138,039	22%
3	Bad Debts - Emergency Department	1,898,693	1,986,314	87,621	5%
4	Total Bad Debts (A)	\$3,312,220	\$3,354,712	\$42,492	1%
C. Hospital Uncompensated Care (from HRS Report 500)					
1	Charity Care (A)	\$1,391,261	\$446,519	(\$944,742)	-68%
2	Bad Debts (A)	3,312,220	3,354,712	42,492	1%
3	Total Uncompensated Care (A)	\$4,703,481	\$3,801,231	(\$902,250)	-19%
4	Uncompensated Care - Inpatient Services	\$1,296,677	\$747,719	(\$548,958)	-42%
5	Uncompensated Care - Outpatient Services (Excludes ED Unc. Care)	1,080,965	911,834	(169,131)	-16%
6	Uncompensated Care - Emergency Department	2,325,839	2,141,678	(184,161)	-8%
7	Total Uncompensated Care (A)	\$4,703,481	\$3,801,231	(\$902,250)	-19%
(A) The amount must agree with the amount listed on Hospital Reporting System - Report 500.					

DAY KIMBALL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2011					
REPORT 685 - HOSPITAL NON-GOVERNMENT GROSS REVENUE, CONTRACTUAL ALLOWANCES, ACCRUED PAYMENTS AND DISCOUNT PERCENTAGE					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011		
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>ACTUAL TOTAL NON-GOVERNMENT</u>	<u>AMOUNT DIFFERENCE</u>	<u>% DIFFERENCE</u>
	<u>COMMERCIAL - ALL PAYERS</u>				
1	Total Gross Revenue	\$72,119,402	\$77,494,168	\$5,374,766	7%
2	Total Contractual Allowances	\$24,280,465	\$30,390,483	\$6,110,018	25%
	Total Accrued Payments (A)	\$47,838,937	\$47,103,685	(\$735,252)	-2%
	Total Discount Percentage	33.67%	39.22%	5.55%	16%
(A) Accrued Payments associated with Non-Government Contractual Allowances must exclude any reduction for Uncompensated Care.					

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>
A. <u>Gross and Net Revenue</u>				
1	Inpatient Gross Revenue	\$58,108,748	\$54,120,232	\$55,847,199
2	Outpatient Gross Revenue	\$107,452,253	\$114,726,860	\$128,151,792
3	Total Gross Patient Revenue	\$165,561,001	\$168,847,092	\$183,998,991
4	Net Patient Revenue	\$95,995,284	\$100,651,954	\$106,400,269
B. <u>Total Operating Expenses</u>				
1	Total Operating Expense	\$96,763,604	\$100,411,939	\$108,436,817
C. <u>Utilization Statistics</u>				
1	Patient Days	20,204	18,876	18,418
2	Discharges	5,573	5,202	5,182
3	Average Length of Stay	3.6	3.6	3.6
4	Equivalent (Adjusted) Patient Days (EPD)	57,564	58,890	60,682
0	Equivalent (Adjusted) Discharges (ED)	15,878	16,229	17,073
D. <u>Case Mix Statistics</u>				
1	Case Mix Index	0.92232	0.91368	0.98940
2	Case Mix Adjusted Patient Days (CMAPD)	18,635	17,247	18,223
3	Case Mix Adjusted Discharges (CMAD)	5,140	4,753	5,127
4	Case Mix Adjusted Equivalent Patient Days (CMAEPD)	53,093	53,807	60,038
5	Case Mix Adjusted Equivalent Discharges (CMAED)	14,645	14,829	16,892
E. <u>Gross Revenue Per Statistic</u>				
1	Total Gross Revenue per Patient Day	\$8,194	\$8,945	\$9,990
2	Total Gross Revenue per Discharge	\$29,708	\$32,458	\$35,507
3	Total Gross Revenue per EPD	\$2,876	\$2,867	\$3,032
4	Total Gross Revenue per ED	\$10,427	\$10,404	\$10,777
5	Total Gross Revenue per CMAEPD	\$3,118	\$3,138	\$3,065
6	Total Gross Revenue per CMAED	\$11,305	\$11,387	\$10,893
7	Inpatient Gross Revenue per EPD	\$1,009	\$919	\$920
8	Inpatient Gross Revenue per ED	\$3,660	\$3,335	\$3,271

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	ACTUAL FY 2009	ACTUAL FY 2010	ACTUAL FY 2011
F. Net Revenue Per Statistic				
1	Net Patient Revenue per Patient Day	\$4,751	\$5,332	\$5,777
2	Net Patient Revenue per Discharge	\$17,225	\$19,349	\$20,533
3	Net Patient Revenue per EPD	\$1,668	\$1,709	\$1,753
4	Net Patient Revenue per ED	\$6,046	\$6,202	\$6,232
5	Net Patient Revenue per CMAEPD	\$1,808	\$1,871	\$1,772
6	Net Patient Revenue per CMAED	\$6,555	\$6,788	\$6,299
G. Operating Expense Per Statistic				
1	Total Operating Expense per Patient Day	\$4,789	\$5,320	\$5,888
2	Total Operating Expense per Discharge	\$17,363	\$19,303	\$20,926
3	Total Operating Expense per EPD	\$1,681	\$1,705	\$1,787
4	Total Operating Expense per ED	\$6,094	\$6,187	\$6,351
5	Total Operating Expense per CMAEPD	\$1,823	\$1,866	\$1,806
6	Total Operating Expense per CMAED	\$6,607	\$6,772	\$6,419
H. Nursing Salary and Fringe Benefits Expense				
1	Nursing Salary Expense	\$14,709,080	\$15,382,127	\$16,321,836
2	Nursing Fringe Benefits Expense	\$4,040,000	\$4,566,728	\$5,178,948
3	Total Nursing Salary and Fringe Benefits Expense	\$18,749,080	\$19,948,855	\$21,500,784
I. Physician Salary and Fringe Expense				
1	Physician Salary Expense	\$3,546,430	\$3,398,414	\$4,033,097
2	Physician Fringe Benefits Expense	\$974,063	\$1,008,939	\$1,267,584
3	Total Physician Salary and Fringe Benefits Expense	\$4,520,493	\$4,407,353	\$5,300,681
J. Non-Nursing, Non-Physician Salary and Fringe Benefits Expense				
1	Non-Nursing, Non-Physician Salary Expense	\$25,140,587	\$26,861,137	\$29,275,732
2	Non-Nursing, Non-Physician Fringe Benefits Expense	\$6,905,120	\$7,974,678	\$9,301,366
3	Total Non-Nurs., Non-Phys. Salary and Fringe Ben. Expense	\$32,045,707	\$34,835,815	\$38,577,098
K. Total Salary and Fringe Benefits Expense				
1	Total Salary Expense	\$43,396,097	\$45,641,678	\$49,630,665
2	Total Fringe Benefits Expense	\$11,919,183	\$13,550,345	\$15,747,898
3	Total Salary and Fringe Benefits Expense	\$55,315,280	\$59,192,023	\$65,378,563

DAY KIMBALL HOSPITAL				
TWELVE MONTHS ACTUAL FILING				
FISCAL YEAR 2011				
REPORT 700 - STATISTICAL ANALYSIS OF HOSPITAL REVENUE AND EXPENSE				
(1)	(2)	(3)	(4)	(5)
<u>LINE</u>	<u>DESCRIPTION</u>	<u>ACTUAL FY 2009</u>	<u>ACTUAL FY 2010</u>	<u>ACTUAL FY 2011</u>
L.	<u>Total Full Time Equivalent Employees (FTEs)</u>			
1	Total Nursing FTEs	234.9	248.0	259.3
2	Total Physician FTEs	16.3	15.4	18.1
3	Total Non-Nursing, Non-Physician FTEs	486.7	511.4	525.4
4	Total Full Time Equivalent Employees (FTEs)	737.9	774.8	802.8
M.	<u>Nursing Salaries and Fringe Benefits Expense per FTE</u>			
1	Nursing Salary Expense per FTE	\$62,618	\$62,025	\$62,946
2	Nursing Fringe Benefits Expense per FTE	\$17,199	\$18,414	\$19,973
3	Total Nursing Salary and Fringe Benefits Expense per FTE	\$79,817	\$80,439	\$82,919
N.	<u>Physician Salary and Fringe Expense per FTE</u>			
1	Physician Salary Expense per FTE	\$217,572	\$220,676	\$222,823
2	Physician Fringe Benefits Expense per FTE	\$59,758	\$65,516	\$70,032
3	Total Physician Salary and Fringe Benefits Expense per FTE	\$277,331	\$286,192	\$292,855
O.	<u>Non-Nursing, Non-Physician Salaries and Fringe Benefits Expense per FTE</u>			
1	Non-Nursing, Non-Physician Salary Expense per FTE	\$51,655	\$52,525	\$55,721
2	Non-Nursing, Non-Physician Fringe Benefits Expense per FTE	\$14,188	\$15,594	\$17,703
3	Total Non-Nurs., Non-Phys. Sal. and Fringe Ben. Exp. per FTE	\$65,843	\$68,119	\$73,424
P.	<u>Total Salary and Fringe Benefits Expense per FTE</u>			
1	Total Salary Expense per FTE	\$58,810	\$58,908	\$61,822
2	Total Fringe Benefits Expense per FTE	\$16,153	\$17,489	\$19,616
3	Total Salary and Fringe Benefits Expense per FTE	\$74,963	\$76,397	\$81,438
Q.	<u>Total Salary and Fringe Ben. Expense per Statistic</u>			
1	Total Salary and Fringe Benefits Expense per Patient Day	\$2,738	\$3,136	\$3,550
2	Total Salary and Fringe Benefits Expense per Discharge	\$9,926	\$11,379	\$12,616
3	Total Salary and Fringe Benefits Expense per EPD	\$961	\$1,005	\$1,077
4	Total Salary and Fringe Benefits Expense per ED	\$3,484	\$3,647	\$3,829
5	Total Salary and Fringe Benefits Expense per CMAEPD	\$1,042	\$1,100	\$1,089
6	Total Salary and Fringe Benefits Expense per CMAED	\$3,777	\$3,992	\$3,870